



Community Needs Assessment 2012-2017

AUGUST 12, 2012

This report was prepared by Robin Koehl, Administrator and Carrie Eldridge, Director of Health Education at Franklin-Williamson Bi-County Health Department. It is prepared for the health department to meet their compliance requirement for Certification as a Local Health Department in the State of Illinois and as a planning document to use in working with community resources in addressing the priority health problems identified herein.

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EXECUTIVE SUMMARY

This is the fourth Community Needs Assessment and Community Health Plan that has been conducted by Franklin-Williamson Bi-County Health Department. Each was developed with assistance and cooperation of a community health committee. The initial project was conducted in 1994, and then subsequently conducted in 1999 and 2007.

The Illinois Project for Local Assessment of Needs (IPLAN) process is accomplished through a community wide effort to look at general indicators of health status for the community and utilize the input of community perceptions to identify leading health problems and then develop interventions to address those problems.

COMMUNITY NEEDS ASSESSMENT

Described briefly below are the specific outcomes of the current needs assessment.

Summary data indicators considered by the Committee were:

DEMOGRAPHIC AND SOCIOECONOMIC CHARACTERISTICS

The Franklin and Williamson County area is significantly rural, has a larger older population than the state and is greatly impacted by poverty and unemployment. For the most part, these conditions have affected Franklin County more profoundly than Williamson County.

1. The bi-county area reflects lower under 5 and under 18 populations than Illinois or the US. However, the 65 and over population is faster growing than the state or the nation. Overall, the total population for Franklin County, while declining in recent years, has currently leveled off. Williamson County's population continues to rise.
2. The poverty rate estimates for each county is higher than both the state and the nation. The estimate for children under 18 living in poverty is also higher in both counties than the state.
3. The percentage of Medicaid enrollees is higher in both counties than the state.
4. The percentage of the population receiving food stamps is considerably higher in the two counties than the state.
5. The percentage of persons age 25+ who graduate high school in Williamson County is higher than Franklin County and the state.
6. The median household income for both counties is well below the state and national median.

7. Unemployment rates for the two counties are at all time highs and much higher than the state rate.

GENERAL HEALTH AND ACCESS TO CARE

1. Crude mortality rates for both counties are higher than the Illinois rate.
2. The leading causes of death for the two counties are comparable to Illinois with the exception of lung cancer making the list in Franklin and Williamson Counties for 2005-2006. The years of potential life lost (YPLL) for both counties is higher than the state and the US.
3. The average suicide rate for Franklin County is higher than Williamson County and both counties' suicide rates are higher than Illinois. Suicide is also among the top ten YPLL for both counties and the state.
4. Both crude and premature motor vehicle accidents mortality rates are higher than the state.
5. Accidents are the leading contributors to years of potential life lost for Franklin and Williamson Counties. Malignant neoplasms, motor vehicle accidents, diseases of the heart, perinatal conditions and diabetes are also among the five leading contributors for both counties. Lung cancer is in the top ten for both counties and does not appear in Illinois' top ten leading YPLL.
6. There are significantly fewer Medicaid physician vendors to Medicaid enrollees in both counties compared to the state. More current figures were not available.
7. Based on the BRFSS fewer combined county residents report visiting a dentist for any reason within the past year compared to those surveyed state-wide.
8. There is a higher rate of deaths in Franklin County than Williamson County due to influenza and pneumonia.
9. Franklin and Williamson Counties far surpass the state and the US rate for all cancers.
10. The County Health Rankings report indicates the health of Franklin and Williamson County residents ranks poorly compared to residents of all other Illinois counties.

MATERNAL AND CHILD HEALTH

1. The percentage of pregnant women who begin prenatal care in the first trimester is higher in both counties than the state and passes the Healthy People (HP) 2020 goal. Adequate prenatal care in both counties surpasses the state percentage level and there are a smaller percentage of pregnant women who receive inadequate care during the first trimester compared to the state.

2. The infant mortality rate in Williamson County is higher than Franklin County and the state. However, both counties and the state are higher than the HP 2020 goal.
3. The percentage of low birth weight babies born to mothers in the two counties is comparable to the state. All are higher than the HP 2020 goal. Franklin County's percentage of very low birth weight babies is lower than those for Williamson County and the HP 2020 goal.
4. A significantly higher percentage of pregnant women smoke in the two counties than in the state. Franklin County's percentage is alarming.
5. The percentage of births to teens is only slightly higher in Franklin County than in Williamson County. Both are lower than Illinois and lower than in previous years. The teen birth rate is lower in Williamson County than Franklin County or Illinois.
6. There is no acceptable level of child abuse and neglect.
7. The percentage of children enrolled in WIC in 2003-2004 who are either overweight or at risk of being overweight are equal to or slightly higher than the state.

CHRONIC DISEASE

1. Heart disease is the leading cause of death one out of four years in Franklin County and three out of four years in Williamson County and is the leading cause of hospitalizations in both counties.
2. Crude coronary heart disease mortality rates for both counties are higher than the state.
3. The crude cerebrovascular disease mortality rates are higher for Williamson County than Franklin County, the state and the nation. Cerebrovascular disease is also a leading cause of hospitalization and death for both counties.
4. Of the county residents who responded to the BRFSS, the percentage reporting having high blood pressure and high cholesterol are higher than for Illinois and considerably higher than the HP 2020 goals.
5. Diabetes appears as a leading cause of death for Franklin County for four consecutive years and two of four years in Williamson County. It has also been a leading cause of hospitalization for Franklin County. A higher percentage of both county residents respond to having been told they are a diabetic compared to the state on the Behavioral Risk Factor Survey (BRFS).
6. Franklin and Williamson Counties have higher death rates due to all cancers than Illinois, the US and the HP 2020 goal.

7. The crude mortality rate due to lung cancer for Williamson County has risen above that of Franklin County and Illinois and the death rate due to lung and bronchus cancer for Franklin County has exceeded the rate for Williamson County, Illinois and the US. Of the 2010 BRFs respondents for Franklin and Williamson Counties, 27.5% reported being a smoker.
8. Franklin and Williamson Counties have lower death rates due to prostate cancer when compared to Illinois and the US. 63% of men over 40 who responded to the BRFs reported having had a past Prostate Specific Antigen (PSA) screening.
9. Franklin County has a higher breast cancer death rate for women than Williamson County, the state, the US and the HP 2020 goal.
10. There were fewer cases of breast cancer diagnosed at a localized stage in the two counties compared to Illinois and the US. The Williamson County age-adjusted breast cancer incidence rate exceeds that of Franklin County, Illinois and the US. However, a significant number of women responding to the BRFs report as ever having a mammogram, but more than half of those surveyed reported having a mammogram during the past year.
11. There is a slightly higher age-adjusted incidence rate for prostate cancer in Williamson County than Franklin County; however the incidence rate for both counties is lower than the state of Illinois and the US. There is also a higher percentage of those being diagnosed with prostate cancer at a local stage in Williamson County than in Franklin County or Illinois. The BRFs indicates that more than half (63.7%) of men surveyed had undergone a PSA test.
12. Compared to previous years, the age-adjusted incidence rate average of lung cancer and the lung/bronchus cancer incidence rate are both higher in Franklin County than those for Williamson County, Illinois or the US.
13. The death rates for colorectal cancer are higher in Franklin and Williamson Counties than the state, US and HP 2020 goals. A little more than half of people 50 and over who responded to the BRFs report ever having a colon/sigmoidoscopy.
14. Many of the leading causes of hospitalization affecting Franklin and Williamson county residents can be prevented or delayed with lifestyle modifications (active living, healthy eating, stress reduction, safety awareness, alcohol, tobacco, and other substance use prevention).
15. As in the past, mental disorders remain a leading cause of hospitalization and are a concern for the two-county area and most importantly there is a shortage of mental health professionals.
16. The County Health Rankings report indicates the health of Franklin and Williamson County residents is poor compared to residents of all other counties in Illinois.

INFECTIOUS DISEASE

1. Rates for chlamydia and gonorrhea in Franklin and Williamson Counties are lower than the state, but future rates may change as a result of increased screening services.
2. Although cases appear low, continued surveillance of TB infection is a necessity in order to contain the disease.
3. HIV/AIDS cases will continue to be monitored.
4. There is a need for an increase in the number residents who receive flu and pneumonia vaccines. Influenza and pneumonia appeared frequently in the leading causes of hospitalizations and deaths for both counties. BRFS results indicate 46.6% of both counties residents report having a flu shot/nasal spray.

ENVIRONMENTAL/OCCUPATIONAL HEALTH AND INJURY CONTROL

1. Motor vehicle mortality rates are slightly higher for the two counties than the state.

Additional health data considered by the committee:

BEHAVIORAL RISK FACTOR SURVEY (BRFS) RESULTS

1. A considerable percentage of people surveyed reported recently experiencing poor physical and/or mental health.
2. People are not consuming enough of the recommended servings of fruits and vegetables.
3. There is room for improvement when it comes to exercise and weight loss.

In addition to the above information, a community survey was conducted using a hard copy survey and an internet- based survey acquired by Survey Monkey, of just over 300 residents requesting input in the identification of leading health problems in the community.

The results of that survey indicate the perceived leading health problems to be:

- cancer
- obesity
- diabetes

An initial list of priority health problems was compiled by the committee and further analyzed considering:

- the seriousness of the problem,
- the impact of the problem in the community, and
- the resources available in the community to address the problem.

SELECTED PRIORITY HEALTH PROBLEMS

The Community Health Committee considered the above data and insights gained during discussion of perceived leading health problems to arrive at the selection of three leading health problems for Franklin and Williamson Counties. A form of the Nominal Group Process was used to determine the leading health priorities. This process is described in detail in Appendix A on page 40. The survey results were presented to the committee after they had made their selection of the leading health problems. The following health problems were chosen to address over the next 5 years.

1. Access to Care: Physical and Mental Health
2. Chronic Disease: Heart Disease, Diabetes and Cancer Focus
3. Behavioral/Mental Health

Objectives and Intervention Strategies Defined in the Community Health Plan

Priority Health Problem One – Access to Care

Outcome Objectives-Physical Health

By 2017, reduce the proportion of individuals who are unable to obtain or have a delay in obtaining necessary medical care.

By 2017, increase the percentage of county residents who report having health care insurance coverage to 95%.

Outcome Objectives-Mental Health

By 2017, reduce the proportion of individuals who are unable to obtain or delay in obtaining necessary mental health care.

By 2017, increase the percentage of county residents who report having mental health care coverage.

Intervention Strategies

Franklin-Williamson Bi-County Health Department will work with community partners to address the health problem of Access to Care in the following ways:

- Support work conducted by Connect SI to bring broadband Internet access to rural areas of Southern Illinois. This effort aims to initiate/continue the use and sharing of electronic medical records for better tracking of patient/client care.

- Support the Franklin-Williamson Healthy Communities Coalition, Access to Care Action Team in developing an awareness campaign centered on helping promote the primary care medical home concept as well as provide information to the community about current more affordable physical and behavioral health care services.
- Develop a community awareness campaign highlighting access to care issues to target community residents, community leaders, and local legislators.
- Actively participate and support the mental health work conducted by the Franklin, Williamson and Jackson Counties Access to Care Action Team.

Priority Health Problem Two – Chronic Disease

Outcome Objectives-Adults

After the year 2017, the percentage of adults in Franklin and Williamson Counties who are considered obese will be no more than 20%.

After the year 2017, the percentage of adults in Franklin and Williamson Counties who are overweight will decrease to no more than 25%.

After the year 2017, the percentage of adults in Franklin and Williamson Counties who report smoking will be no more than 20%.

After the year 2017, the percentage of pregnant women who report smoking will be reduced to 10%.

Outcome Objectives-Children and Adolescents

By 2017, 10 new K-12 schools will have healthier environments through implementation of coordinated school health policies and practices that prevent tobacco initiation, increase physical activity and improve nutrition.

Intervention Strategies

Franklin-Williamson Bi-County Health Department will work with community partners to address the health problem of Chronic Disease in the following ways:

- Conduct a Community Leaders' Forum to present information concerning the health status of Franklin and Williamson County residents and give leaders an opportunity to discuss and plan strategies to address chronic disease.
- Survey area worksites to determine how many offer a worksite wellness program that addresses physical activity, nutrition and tobacco cessation and provide technical assistance to worksites that are interested in beginning a program.
- Once trained, staff will work with "subject matter experts" from Southern Illinois Healthcare (SIH), SIU Center for Rural Health and Social Service Development, and the CATCH on to Health Consortium to contact schools to help schools establish school

wellness policies that address coordinated school health, including nutrition and daily physical education.

- Meet with area restaurants to encourage offering discounts or coupons for healthier adult and child menu items as well as nutrition information on menus.
- Survey area worksites to determine how many offer a worksite wellness program that addresses physical activity, nutrition and tobacco cessation and provide technical assistance to worksites that are interested in beginning a program.
- Provide tobacco cessation tool kits, including information about the fax referral program to the Illinois Tobacco Quitline to area county physicians for use with their patients.

Priority Health Problem Three –Behavioral/Mental Health

Outcome Objective-Adults

By 2017, reduce the percentage of adults who stated that their mental health was not good one or more days in the past month to 25%.

Outcome Objective-Children and Adolescents

By 2017, 10 new K-12 schools will have healthier environments through implementation of coordinated school health policies and practices that include an emotional health component.

Intervention Strategies

Franklin-Williamson Bi-County Health Department will work with community partners to address the health problem of Mental Health in the following ways:

- Support the efforts of local primary care practices and local mental health providers in the collaboration of services to provide appropriate care for patients needing mental health intervention and treatment.
- Support the increased utilization of a standardized screening tool for depression screening. *e.g. PHQ9*, by primary care providers.
- Once trained, staff will work with "subject matter experts" from Southern Illinois Healthcare (SIH), SIU Center for Rural Health and Social Service Development, and the CATCH on to Health Consortium to contact schools offering technical assistance in the development of school wellness policies that address emotional health.
- Actively participate and support the mental health work conducted by the Franklin, Williamson and Jackson Counties Access to Care Action Team

BACKGROUND AND PURPOSE

The public health system has a basic duty to assure the public's health. In order to do this, periodic assessment of the community's health problems is required. Before 1992, planning and delivering public health services were accomplished through ten local health department program standards called basic health services. Beginning in late 1992, the public health system in Illinois was restructured at the state and local levels to replace basic health services with public health practice standards and accompanying performance indicators to measure the core functions of public health. A main component of this project is the use of a comprehensive community needs assessment. This process provides for an internal organizational assessment, as well as a community assessment involving planning improvements with continuing evaluation and reassessment. The assessment process was standardized statewide to use the Assessment Protocol for Excellence in Public Health (APEX/PH) model.

The use of APEX began in 1987, a joint project of the American Public Health Association, the Centers for Disease Control and Prevention and several other health organizations. The APEX/PH model is a method of attaining accurate and defensible information to identify public health needs. It is most valuable when adapted to local circumstances, which is what makes it a good choice for identifying local health priorities.

In Illinois, this process is called the Illinois Project for Local Assessment of Needs (IPLAN). IPLAN is a community health assessment and planning process that is conducted every five years by local health jurisdictions in Illinois, is grounded in the core functions of public health and addresses public health practice standards. The completion of IPLAN fulfills most of the requirements for Local Health Department certification under Illinois Administrative Code Section 600.400: Certified Local Health Department Code Public Health Practice Standards. The essential elements of IPLAN are:

1. an organizational capacity assessment;
2. a community health needs assessment; and
3. a community health plan, focusing on a minimum of three priority health problems

A critical element in the assessment process is the community. Improvement in the public's health requires community ownership and commitment. The formation of a Community Health Committee is a process designed to mobilize community resources in building a healthier community. The committee members' role on the committee includes sharing expertise and reflecting the concerns of the residents in the development of community health plans based on locally relevant public health issues.

The APEX model is used to guide the committee in identifying priority health problems and in setting goals for resolving those problems. Through the IPLAN process, there will be a local basis for achieving Healthy People 2020 objectives and other state and local objectives. Healthy People 2020 goals that are appropriate for Illinois communities to incorporate and adopt are:

- Increase Quality and Years of Healthy Life
- Eliminate Health Disparities
- Access to Health Care

The Franklin-Williamson Bi-County Health Department completed the first IPLAN project in May 1994. Due to a consensus by the Community Health Committee that the initial health problems were still relevant and deserved continued attention, Bi-County Health requested a five year extension from the Illinois Department of Public Health (IDPH) in 1999 to continue with a plan that addressed the initial three health problems. The extension received approval from IDPH and continued the initial plan for an additional five years. The third IPLAN document was completed in 2007. This fourth document represents the current five-year needs assessment and community health plan.

The Community Needs Assessment document was developed based on comprehensive research and data collection utilizing data from the Illinois Department of Public Health (IDPH), the IPLAN system, the Behavioral Risk Factor Survey (BRFS), the 2010 Census, Voices for Illinois Children 2011 Data Book, Southern Illinois Healthcare Community Dashboard Data, the National Cancer Institute and various other state and local data resources. The Community Health Plan used, in addition to this data, Healthy People 2020 recommendations as a basis for development of objectives to address the priority health problems. It also presents proposed resolutions and implementation plans to address the identified health problems.

COMMUNITY PARTICIPATION PROCESS

The community health needs assessment process coordinated by the Franklin-Williamson Bi-County Health Department has been a cooperative effort of a twenty-one member Community Health Committee. Six members are health department staff. The remainder of the committee was selected by management staff based on county of residence or work, organization/area of expertise represented and/or knowledge of the community. Although many of the committee members had participated in the IPLAN process in the past, and several continue to serve on advisory boards addressing health priorities of the past, an orientation to the APEX- PH model for community assessment was conducted at the committee's first meeting and served as a roadmap for the IPLAN process.

The importance of community involvement in the IPLAN process is invaluable as a mechanism to ensure input from various perspectives and backgrounds. A broad spectrum of opinions and perceptions exposes all members to varying ideas and views and allows for productive discussion. The entire process establishes a vehicle for collaboration among members. The current Community Health Committee provided valuable feedback and was genuinely interested in being a part of this process. Bi-County Health is grateful to the members of our committee for their time and effort in contributing to the outcome of this needs assessment and community health plan.

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METHODS

The management staff of Bi-County began work on this IPLAN process in December 2010. An internal planning meeting was held to discuss committee selection and to plan a timeline for meetings. Having had previous experience in completing the IPLAN process, it was decided that a total of four meetings would be held to complete the process. Each meeting would be conducted in a concise, orderly manner by providing as much information and completing as much work as possible in order to accommodate member's schedules, as well as to meet deadlines for completion. It was also decided that Whitney Mehaffy, Director of Health Education, would be the IPLAN Coordinator and would conduct the meetings and be responsible for compiling the IPLAN Needs Assessment and the Community Health Plan. Ms. Mehaffy initiated the process in a well-organized manner, but due to an unexpected family move, she resigned her position on August 31, 2011. Carrie Eldridge was appointed as Director of Health Education and she and Robin Koehl, Public Health Administrator, continued the process.

Committee members were contacted and first, second, third and fourth meetings were held in July, August, October 2011 and January 2012, respectively. The Community Health Needs Assessment and the Community Health Plan were completed and submitted to IDPH in August 2012. The first meeting consisted of an overview of the IPLAN process and a description of the community health committee's role. The second meeting consisted of a presentation relevant to IPLAN and Behavioral Risk Factor Survey county data and discussion by the committee about perceived leading health problems. The third meeting consisted of presentation of the health problems survey results and selection of the three leading health problems. Also during this meeting, the Community Health Committee was divided into three subcommittees to further analyze each health problem. This was accomplished utilizing the Problem Analysis Process, which consisted of selection of Risk Factors and Direct and Indirect Contributing Factors for the leading health problems. *Risk Factors* are scientifically established factors that relate directly to the health problem. *Direct Contributing Factors* are also scientifically established and directly affect the level of risk factors. *Indirect Contributing Factors* directly affect the level of the direct contributing factors. These factors are distinct to the community. The Community Health Committee brings valuable community knowledge to the analysis process. The "Health Problem Analysis Worksheets" were used in this evaluation and can be found in the Community Needs Assessment in Appendix B, pages 42-46. At the final and fourth meeting, committee members listed *Community Health Resources* and *Barriers* based on the three leading health problems that were selected in the previous meeting.

The project staff took the information generated by these subcommittees and developed the outcome and impact objectives and intervention strategies for each health problem. The project staff then developed a draft of the Community Health Plan, which was submitted to the Illinois Department of Public Health for approval. Each member of the Community Health Committee will receive copies of the Plan after its approval. A Citizen's Advisory Group was developed from the Community Health Committee to review and discuss the health department's mission and role, goals, accomplishments, past activities and future plans. This group will meet once a year.

Overall, this structure resulted in smooth, productive meetings that yielded the desired outcome - selection of three priority health problems for Franklin and Williamson Counties for the coming five years.

RESULTS

Introduction

In order for the Community Health Committee or anyone with an interest in the two county area to understand the scope of the health problems, it is necessary to look at the complete health picture including IPLAN health indicators, vital statistics, demographic, social and economic characteristics of the area. Such factors play a significant role in the type of health problems present and in developing intervention strategies to address each of them. Described on the following pages are the most relevant aspects of the IPLAN data sets for Franklin and Williamson Counties.

It should be noted that as a result of a lack of available age-specific census data, some age-adjusted rates could not be calculated. Crude rates have been substituted, but are not as accurate of an indicator of morbidity and mortality as age adjusted rates.

DEMOGRAPHIC AND SOCIOECONOMIC CHARACTERISTICS

Population

Both Franklin and Williamson Counties have experienced population fluctuations since 1920. In 1930, Franklin County experienced its highest population of 59,400 and Williamson County's population was 61,000. Between 1980 and 1990 there was a 2.1% increase in population for Williamson County and a 6.7% decrease for Franklin County. The Franklin County population rose slightly from 1990 to 1995, and then dropped slightly through 2009 and in 2010, leveled off at around 39,561. The Williamson County population has steadily increased since 1990 and reached a high of around 66,357 in 2010.

Figure 1

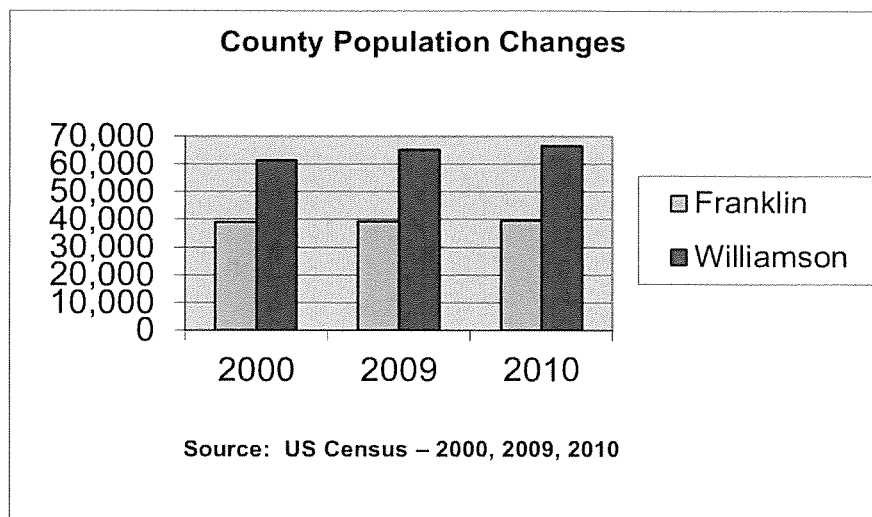
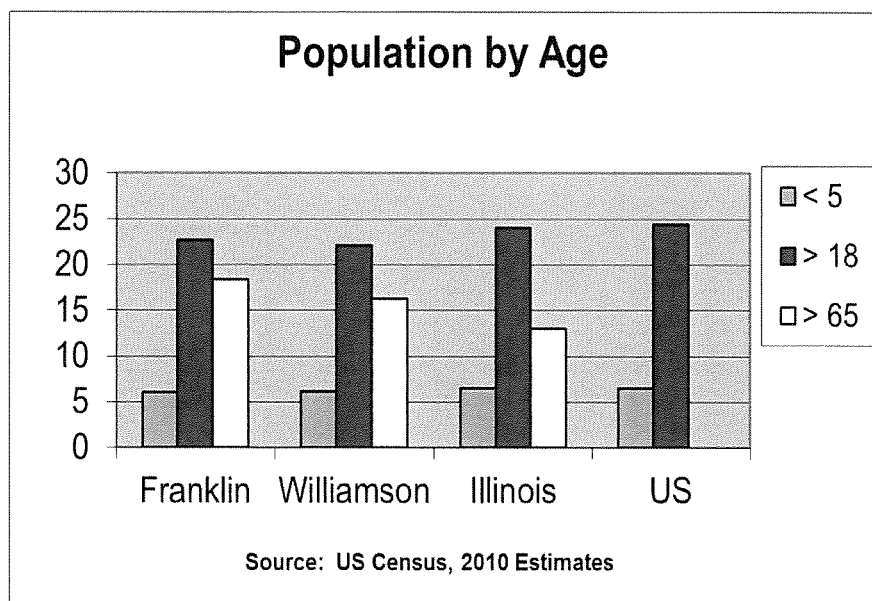


Figure 2



Population 65 and Over

The 2010 percentages of the over 65 population in both counties is higher than the state and the nation. Both Franklin and Williamson county populations over 65 has stayed the same since 2003 with 18 % in Franklin county and 16% in Williamson county. Illinois is at 13% and the US is 12.5%.

Population Under 18 and Under 5

The populations under the age of 18 and age 5 in both counties are slightly less than that of Illinois and the nation.

Poverty Level

The percentage of the total population that is living below the poverty level in both counties continues to remain higher than that of Illinois and the US and is seen in Figure 3. Figure 4 represents the percentage of the population under age 18 that is living below the poverty level and continues to show a steady increase in both Franklin and Williamson County. Both are considerably higher than Illinois.

Figure 3

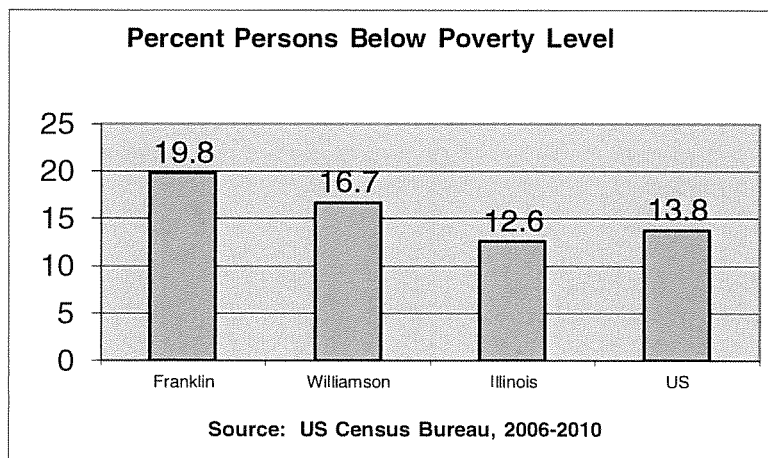
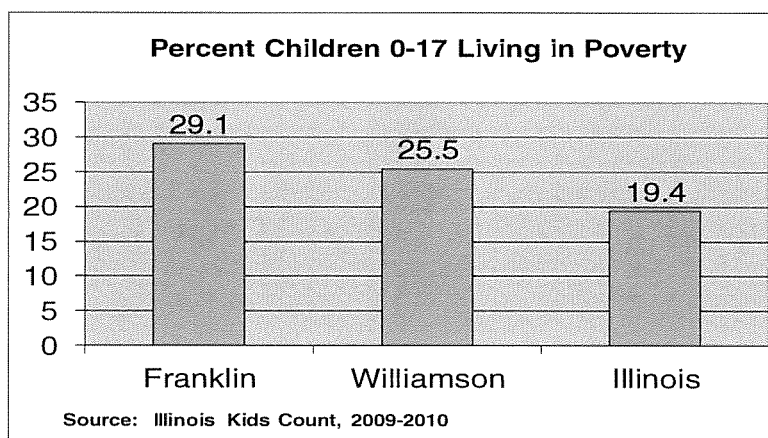


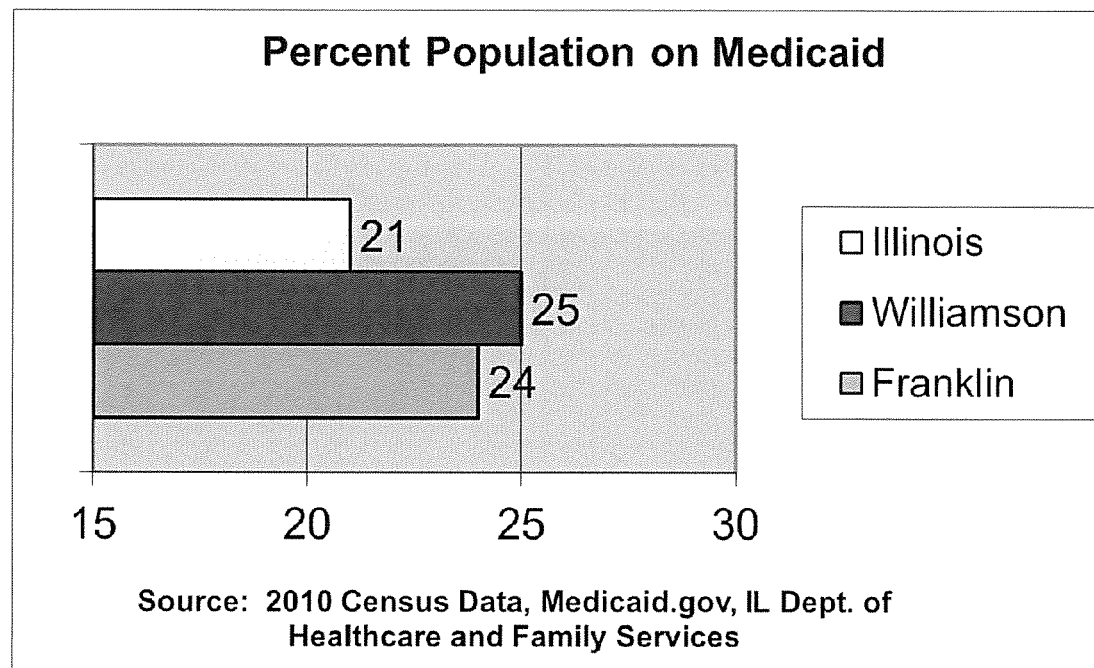
Figure 4



Medicaid Enrollees

The percentage of the population who are Medicaid enrollees is higher than that of Illinois, as seen in Figure 5 below.

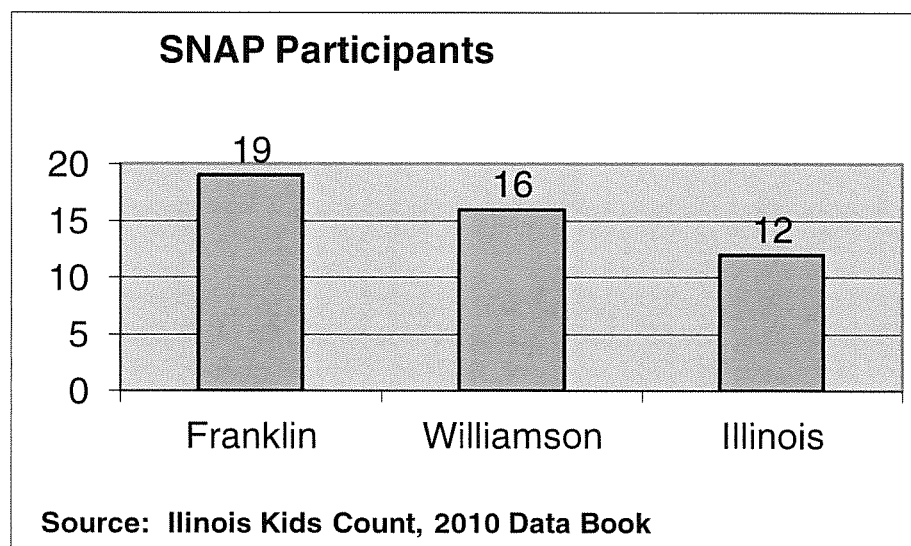
Figure 5



Supplemental Nutrition Assistance Program (SNAP)

The percentage of low-income persons who are SNAP (food stamp) participants is significantly higher in the two county area than in the state.

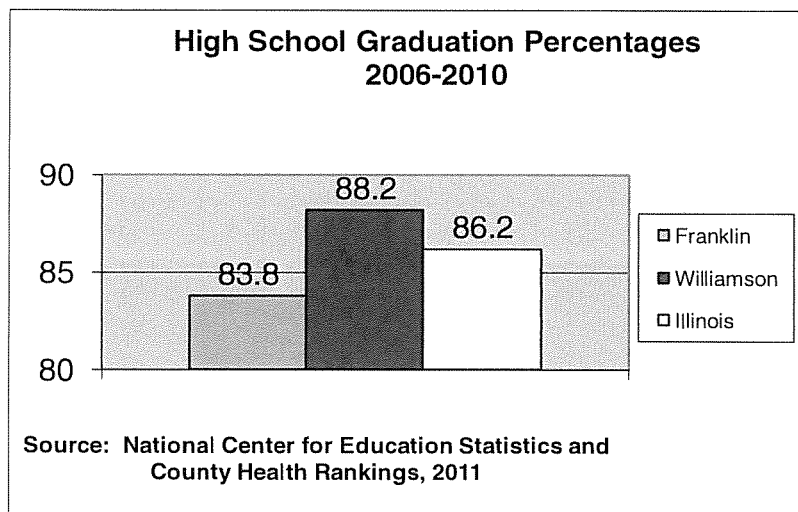
Figure 6



High School Graduates

The Williamson County percentage of persons age 25+ who are high school graduates is higher than Franklin County and Illinois.

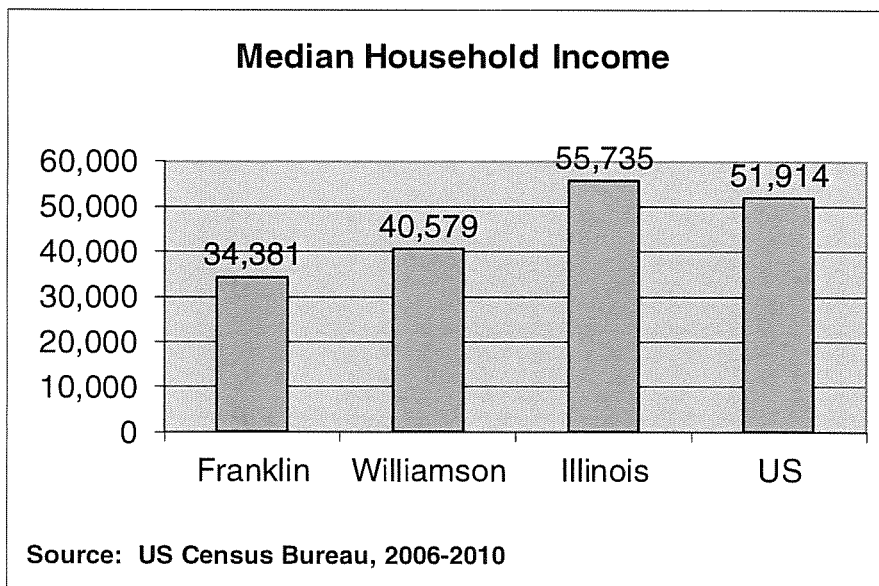
Figure 7



Median Household Income

Based on the U.S Census Bureau 5-year estimate graph below, the *average* median household income for families in the two-county area is \$37,480 which is still well below the state and the nation.

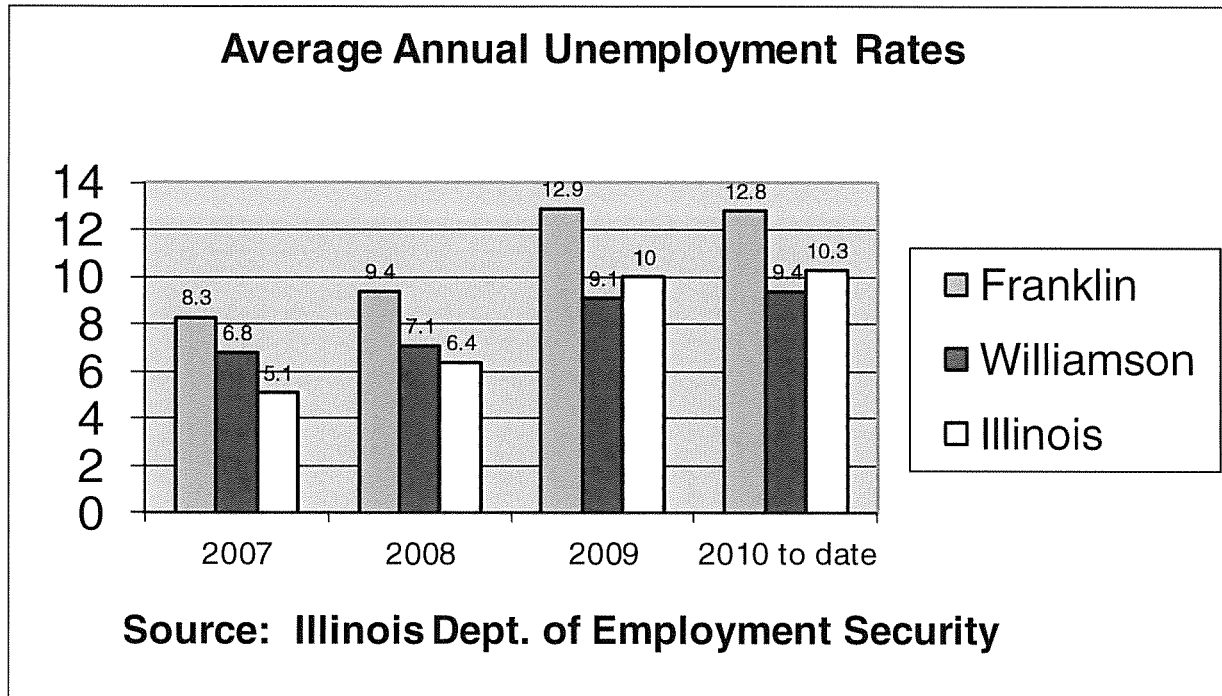
Figure 8



Unemployment

The rate of unemployment has increased dramatically in Franklin and Williamson Counties since 2007 and is still considerably higher than Illinois.

Figure 9



SUMMARY

1. Since 2003 the percentages of the over 65 population has remained the same for both Franklin and Williamson Counties, but both are higher than the state.
2. Williamson County's population continues a long-standing rising trend. Franklin County's population, after seeing a decline between 1980 and 1990, saw a slight increase from 1990-1995. It then experienced a slight decrease between 2000- 2009 and leveled off in 2010.
3. The economic situation in the two-county area continues to be alarming. The following percentages of the population are all greater than those for the state or the nation: population who is living below the poverty level, population enrolled in Medicaid, food stamp program recipients, individuals who are unemployed, and those who have a lower median household income.
4. As a direct result of the economic situation for the area, the population is likely experiencing a greater risk for mental and physical health problems due to financial barriers and access to care issues.

GENERAL HEALTH AND ACCESS TO CARE

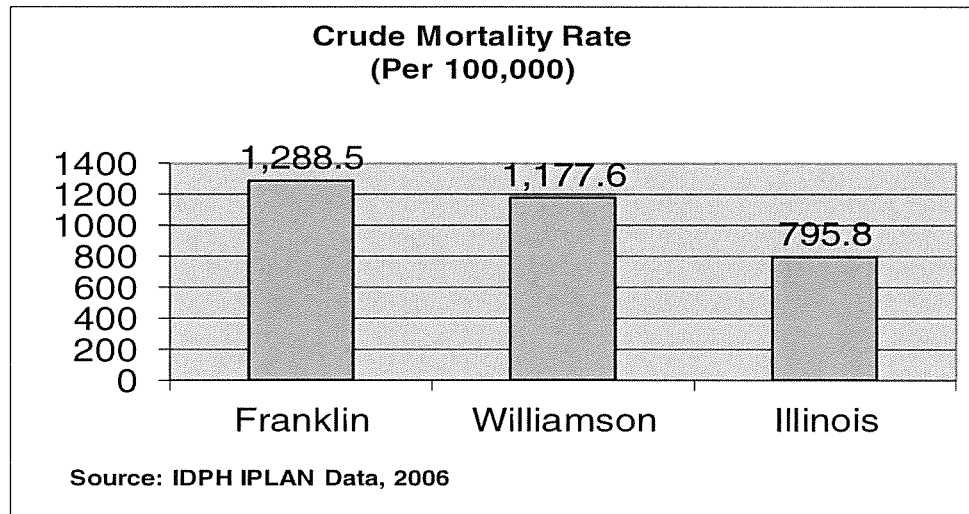
Important information in this area is the measures of mortality and years of potential life lost. Also addressed are the general indicators to access and use of basic health services, along with sentinel events which relate to conditions that are preventable and/or controllable with routine health care

General Health

The estimated life expectancy for a newborn in the US in 2009 was 78 years.

As shown in Figure 10 below, the crude mortality rate per 100,000 for Franklin County is higher than Williamson County. Both counties' rates are higher than Illinois.

Figure 10



The leading causes of death in Illinois for 2008 were:

- Diseases of the heart
- Malignant Neoplasms
- Cerebrovascular Disease
- Chronic Lower Respiratory Disease
- Accidents
- Alzheimer's Disease
- Diabetes Mellitus
- Influenza and Pneumonia
- Nephritis, nephrotic syndrome, and nephrosis
- Septicemia

The leading causes of death in Franklin County for 2005-2008 were:

Figure 11

2005	2006	2007	2008
Diseases of Heart	Malignant Neoplasms	Malignant Neoplasms	Malignant Neoplasms
Malignant Neoplasms	Diseases of Heart	Diseases of Heart	Diseases of Heart
Coronary Heart Disease	Coronary Heart Disease	Alzheimer's Disease	Alzheimer's Disease
Chronic Lower Respiratory Disease	Chronic Lower Respiratory Disease	Chronic Lower Respiratory Disease	Chronic Lower Respiratory Disease
Influenza/Pneumonia	Lung Cancer	Cerebrovascular Disease	Diabetes
Lung Cancer	Accidents	Accidents	Accidents
Diabetes	Cerebrovascular Disease	Nephritis, etc.	Cerebrovascular Disease
Nephritis, etc	Diabetes	Diabetes	Nephritis, etc.
Cerebrovascular Disease	Nephritis, etc.	Influenza/ Pneumonia	Influenza/ Pneumonia
Accidents	Motor Vehicle Accidents	Septicemia	Septicemia

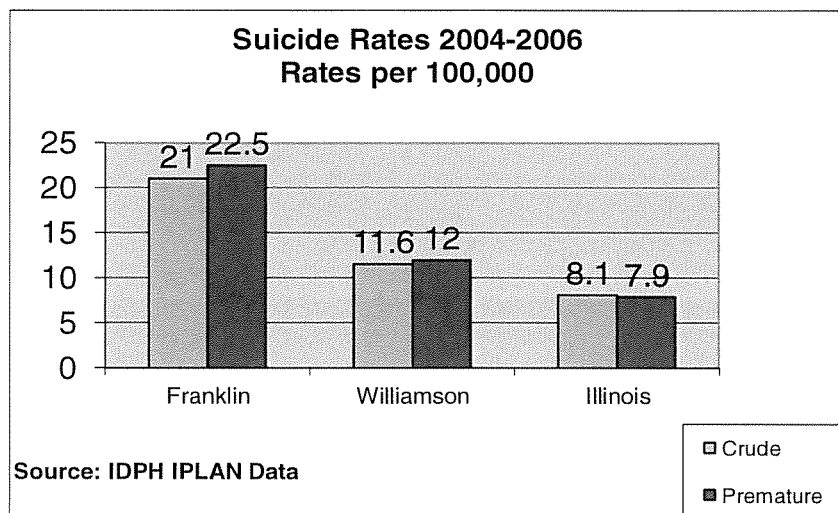
The leading causes of death in Williamson County for 2005-2008 were:

Figure 12

2005	2006	2007	2008
Diseases of Heart	Malignant Neoplasms	Diseases of Heart	Diseases of Heart
Malignant Neoplasms	Diseases of Heart	Malignant Neoplasms	Malignant Neoplasms
Coronary Heart Disease	Coronary Heart Disease	Chronic Lower Respiratory Disease	Chronic Lower Respiratory Disease
Lung Cancer	Lung Cancer	Accidents	Cerebrovascular Disease
Cerebrovascular Disease	Cerebrovascular Disease	Cerebrovascular Disease	Accidents
Chronic Lower Respiratory Disease	Chronic Lower Respiratory Disease	Nephritis, etc.	Nephritis, etc.
Accidents	Nephritis, etc.	Alzheimer's Disease	Alzheimer's Disease
Nephritis, etc	Accidents	Influenza/ Pneumonia	Influenza/ Pneumonia
Diabetes	Diabetes	Diabetes	Diabetes
Lymph & Hemato Cancer	Colo-rectal Cancer	Septicemia	Septicemia

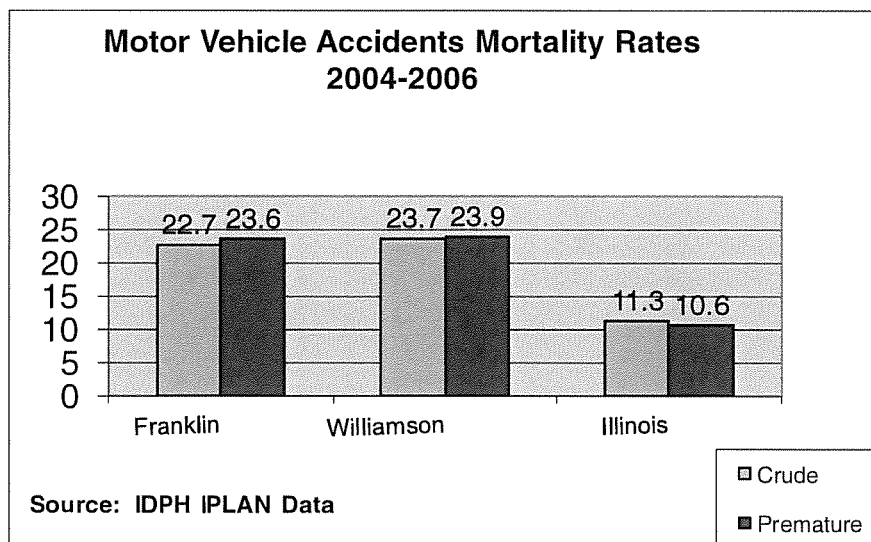
The average suicide rate for Franklin County for 2004-2006 is higher than the rate for Williamson County or Illinois and indicates the majority of deaths are to people under the age of 65.

Figure 13



Motor vehicle accident mortality rates are higher for the two-county area than the state and indicate the majority of deaths were to people under the age of 65.

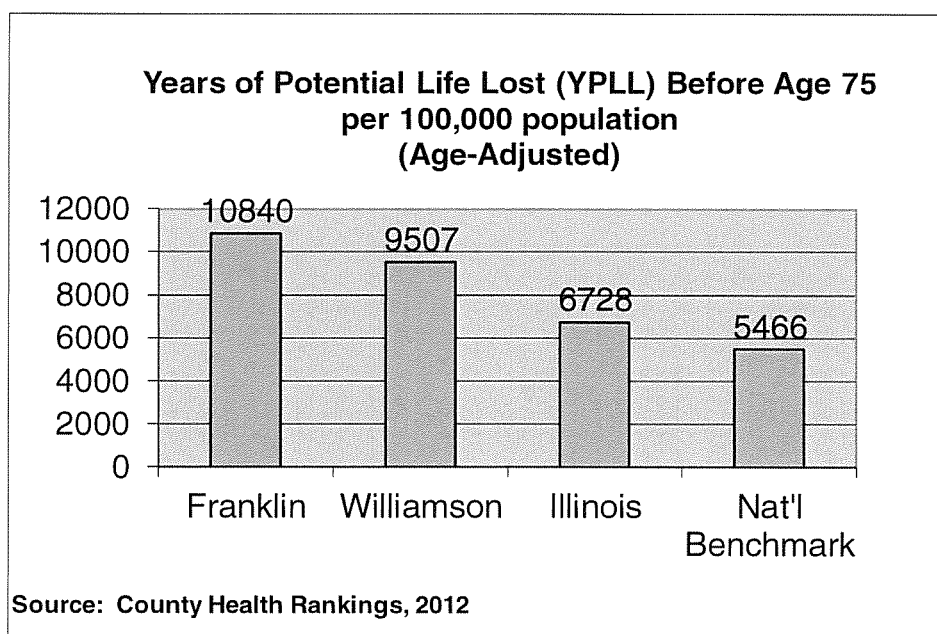
Figure 14



Years of Potential Life Lost (YPPL)

Years of potential life lost is defined as the number of years a person died before reaching age 75 and is used as a measure of the impact of premature death. Every death occurring before the age of 75 contributes to the total number of years of potential life lost. Figure 15 shows the YPLL comparisons for Franklin and Williamson County, Illinois and the National Benchmark using the University of Wisconsin County Health Rankings Report released in 2012. This YPLL measure is presented as a rate per 100,000 population and is age-adjusted to the 2000 U.S. population.

Figure 15



2006 Leading Contributors to Years of Potential Life Lost

Franklin

Accidents
Motor Vehicle Accidents
Malignant Neoplasms
Diseases of the Heart
Diabetes Mellitus
Firearms*
Suicide
Lung Cancer
Cirrhosis of the Liver
Homicide

Williamson

Accidents
Malignant Neoplasms
Motor Vehicle Accidents
Perinatal Conditions
Diseases of the Heart
Lung Cancer
Firearms*
Coronary Heart Disease
Suicide
Cerebrovascular Disease

Illinois

Accidents
Malignant Neoplasms
Diseases of the Heart
Perinatal Conditions
Coronary Heart Disease
Motor Vehicle Accidents
Homocide
Firearms*
Congenital Malformations
Suicide

*Firearm deaths can be due to different causes or intentions, specifically homicide, suicide, unintentional injuries, and undetermined injury (i.e., not determined if the death was due to homicide, suicide or accident)

ACCESS TO CARE

Healthcare Coverage

The 2010 BRFs indicates that for Franklin and Williamson County combined, 84.2% of those surveyed have a usual person as a Health Care Provider (HCP) compared to 84.4% in Illinois. Both Franklin and Williamson County combined have surpassed the Healthy People 2020 goal of 83.9%.

Figure 16 represents the ratio of the number of individuals who are enrolled in the Illinois Medicaid program to the number of physicians who accept Illinois Medicaid as payment for services. Although the number of enrollees per physician has decreased overall since the late 1990s for the area, Franklin County's ratio is more than two and a half times the ratio of Williamson County and almost four times that of Illinois.

Medicaid Enrollees to Medicaid Physician Vendors Ratio

Figure 16

Franklin	Williamson	Illinois
305.6:1	119.3:1	82.3:1

Source: IDPH, IPLAN Data 2002

Psychiatrists & Psychologists, 2006

Figure 17

	# of Psychiatrists	# of Psychologists	% that Accepts Medicaid
Franklin	1	0	0
Williamson	3	11	21.4
Illinois	1,752	3,632	16.1

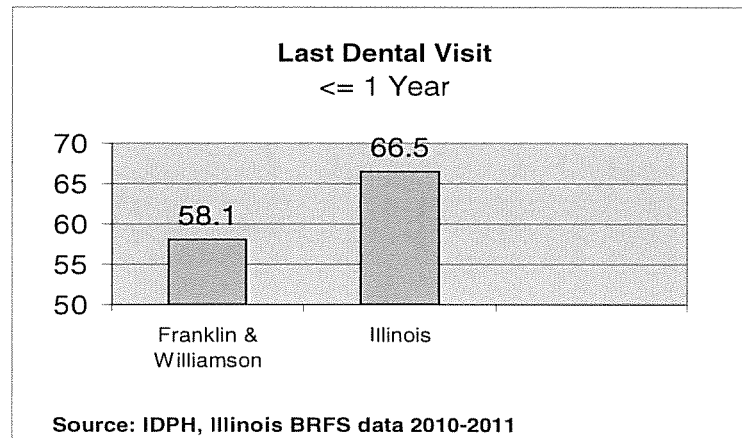
Source: AMA, IL Dept. of Healthcare & Family Services, & ADA
(Illinois Kids Count, 2007 Data Book)

Accessing adequate mental health is a need throughout the nation, particularly for rural residents. Often there is a negative stigma associated with mental health disorders and in receiving help for them. In order to address this, communities should strive to provide adequate mental health services for their population, see figure 17. Franklin and Williamson County fall short of this compared to the state.

Oral Health

Figure 18 shows that only 58% of Franklin and Williamson County residents combined have visited a dentist or dental clinic for any reason within the past year.

Figure: 18



Immunizations

For years 2005-2008, influenza and pneumonia were one of the leading causes of death in Franklin County 3 out of 4 times. In Williamson County they were recorded as leading causes of death 2 out of 4 times. Figure 19 demonstrates that there is a slightly higher rate of deaths due to influenza and pneumonia in Franklin County compared to Williamson County. Figure 20, on the other hand, illustrates that 46.6% of the residents surveyed in Franklin and Williamson County received their influenza shot compared to 38.3% of Illinois residents. Of the Franklin and Williamson County residents who were surveyed, 33.7% reported ever receiving a pneumonia vaccination.

Figure 19

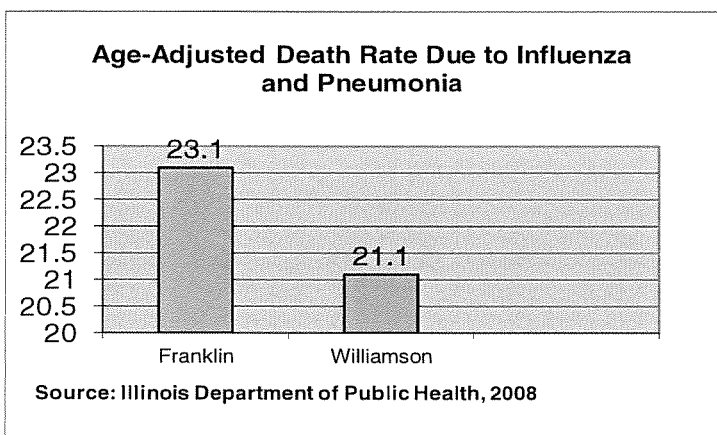
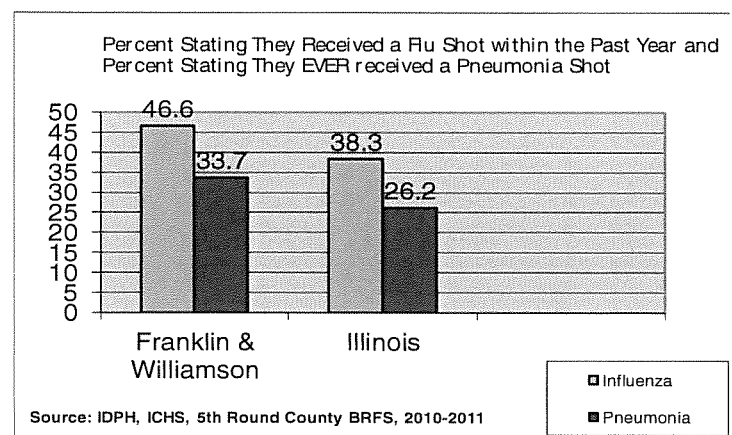
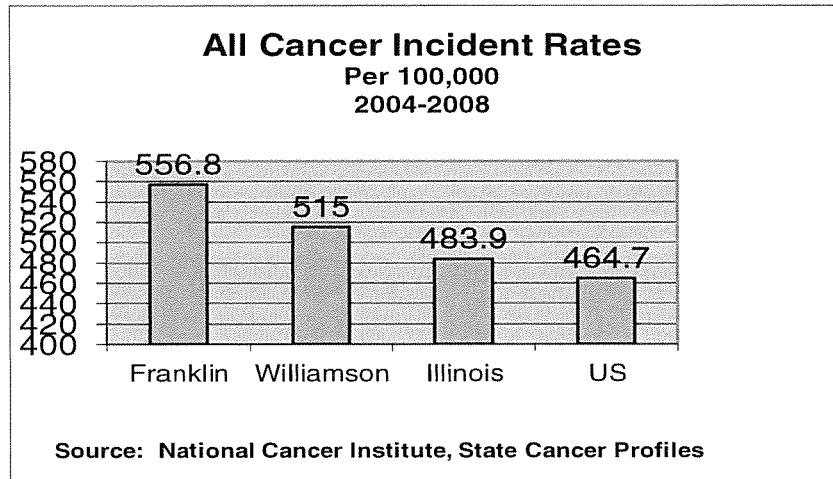


Figure 20



Cancer is the second leading cause of death in the United States. It is estimated that 1.5 million men and women were diagnosed with cancer, and over 500,000 men and women die of cancer of all sites in 2009. Figure 21 shows that Franklin and Williamson County surpass the state of Illinois and the US rates.

Figure 21



Breast Cancer

Figure 22 illustrates, from 2004-2008, there were fewer cases of in Situ breast cancer (being diagnosed at a localized stage) in the two counties than in Illinois or the US. Figure 23 shows that Williamson County's breast cancer age-adjusted incidence rate has exceeded Franklin County, the State of Illinois and the U.S. rate.

Figure 22

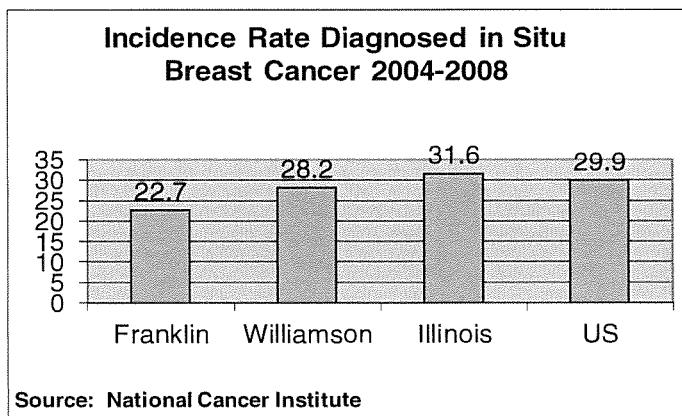
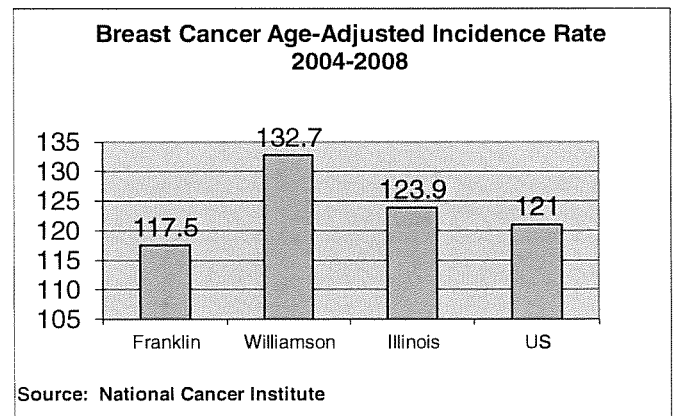


Figure 23

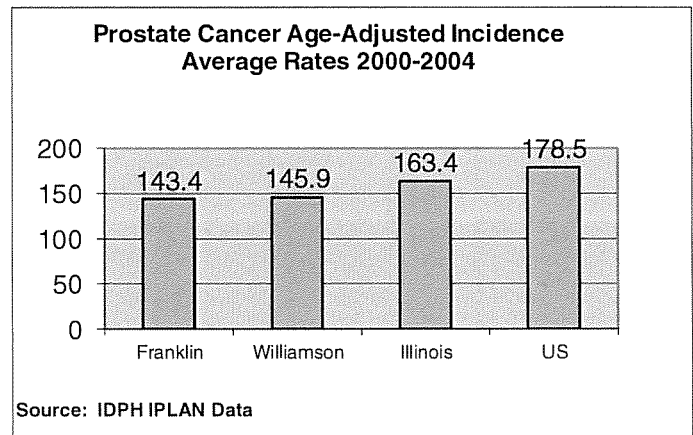
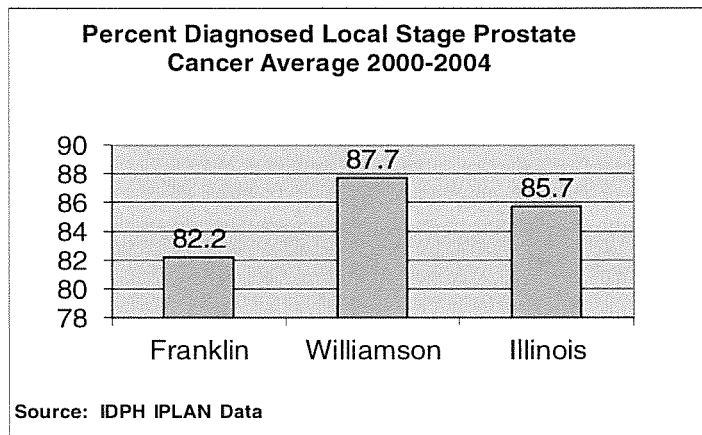


Prostate Cancer

Figure 24 illustrates that there are a higher number of men in Williamson County being diagnosed with prostate cancer than in Franklin County or Illinois. According to Figure 25, there are fewer cases of prostate cancer in Franklin and Williamson County than Illinois and the U.S.

Figure 24

Figure 25

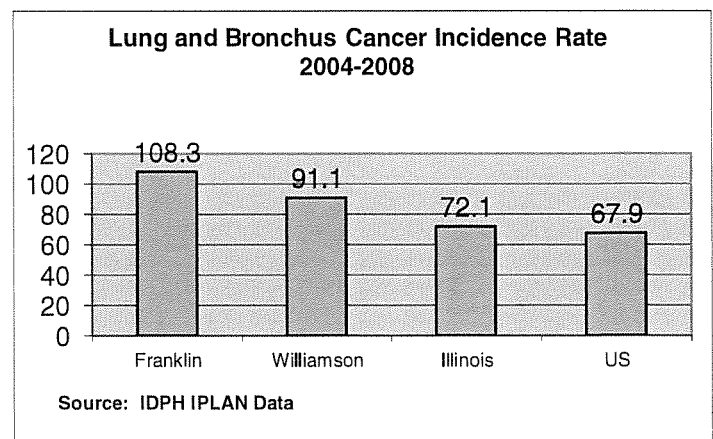
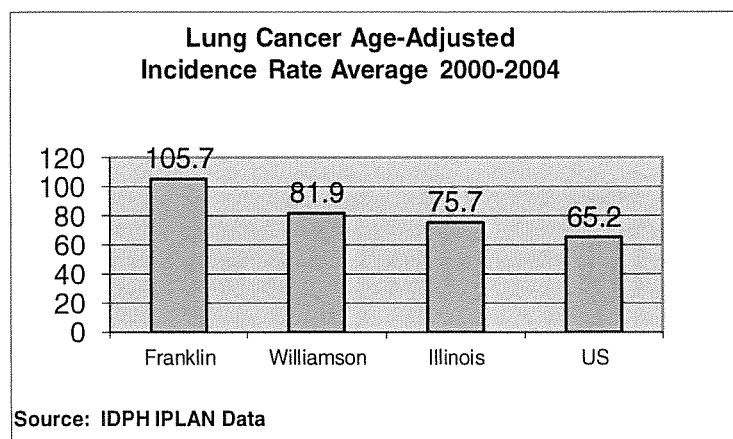


Lung Cancer

For 2000-2008, Figures 26 and 27 show that both Franklin and Williamson Counties' age-adjusted incidence rates of lung cancer and the lung/bronchus cancer incidence rates were greater than the State of Illinois and the U.S.

Figure 26

Figure 27



Colorectal Cancer

Figure 28 shows that Williamson County has a higher percentage of colorectal cancer that is diagnosed a local stage than Franklin County, Illinois, and the U.S. Franklin County has a greater percentage of colorectal cancer than Williamson County, Illinois, and the US. Figure 29 illustrates that Franklin County's colorectal incidence rate is higher than Williamson County, Illinois, or the U.S. and is almost twice as high as the Healthy People 2020 goal.

Figure 28

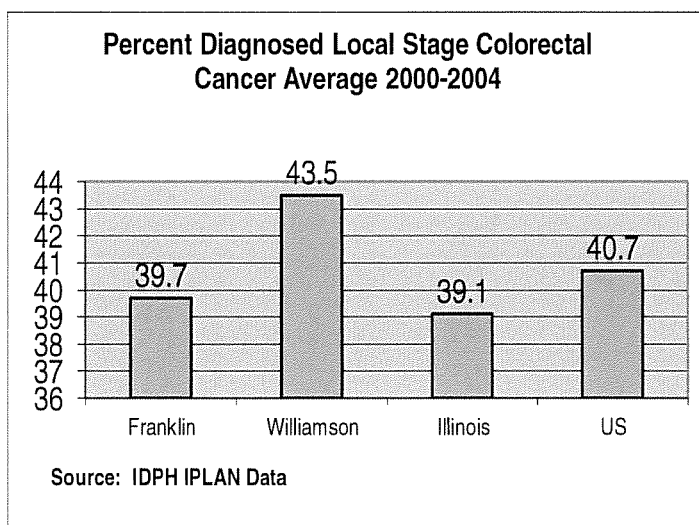
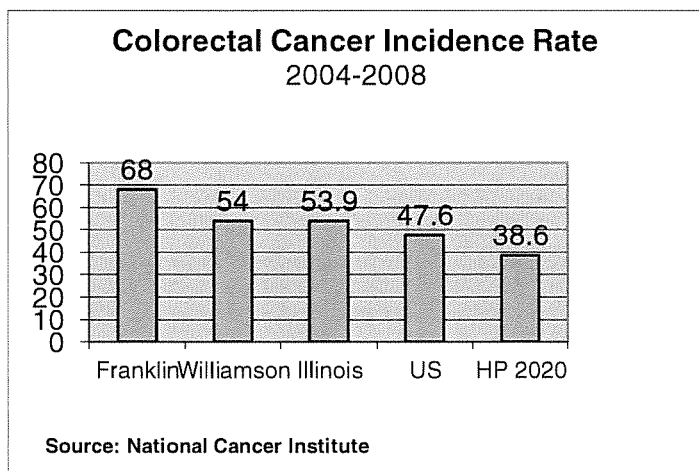


Figure 29



Leading Causes of Hospitalization, 2009

The following leading causes of hospitalization include residents who were hospitalized in both out of state facilities and local hospitals.

Franklin

Heart Disease
Mental Disorders
Pneumonia/Influenza
Injury
Stroke
Infection- Septicemia
Urinary Disorders-other
Cancer
Rehabilitation
Diabetes

Williamson

Heart Disease
Mental Disorders
Pneumonia/Influenza
Injury
Rehabilitation
Stroke
Urinary Disorders-other
Infection-Septicemia
Dorsopathies
Cancer

County Health Rankings

General health comparisons are listed below for Franklin and Williamson County using the University of Wisconsin County Health Rankings Report** released in 2012. Franklin and Williamson County were ranked according to their summary measures of health outcomes and health factors, as well as the components used to create each summary measure. Each county ranking is out of **102** Illinois counties.

Figure 30

County Health Rankings 2012: Illinois

	Franklin	Williamson
Health Outcomes:	97	93
Health Factors:	94	64

County Health Rankings 2012: Illinois

Health Outcomes

Figure 31

	Franklin	Williamson
Mortality	97	95
Morbidity	86	83

County Health Rankings 2012: Illinois
Health Factors

Figure 32

	Franklin	Williamson
Health Behaviors	70	78
Clinical Care	87	68
Social & Eco Factors	96	47
Physical Environment	6	25

** The County Health Rankings, commissioned by the Robert Wood Johnson Foundation are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play.

Summary

1. The average crude mortality rate for Franklin County for 2006 is higher than Williamson County or the state rate.
2. Leading causes of death are comparable to the state except for the appearance of lung cancer in Franklin and Williamson Counties.
3. The average suicide rate for Franklin County for 2004-2006 is higher than the rate for Williamson County or Illinois and indicates the deaths are to people under the age of 75.
4. Motor vehicle accident mortality rates are higher for the two-county area than the state and indicate that the majority of deaths were to people under the age of 75.
5. Accidents are the leading contributors to years of potential life lost for Franklin and Williamson Counties. Malignant neoplasms, motor vehicle accidents, diseases of the heart, perinatal conditions and diabetes are also among the five leading contributors for both counties. Lung cancer is in the top ten for both counties and does not appear in Illinois' top ten leading YPLL. Suicide is also among the top ten for both counties and the state.
6. Although the number of Medicaid enrollees per physician has decreased overall since the late 1990s for the area, Franklin County's ratio is more than two and a half times the ratio of Williamson County and almost four times that of Illinois.
7. According to the 2012 Behavioral Risk Factor Survey (BRFS) report, 58% of the residents of Franklin and Williamson County combined who were surveyed, have visited a dentist or dental clinic for any reason within the past year compared to 66.5% for Illinois.
8. There is a higher rate of deaths in Franklin County than Williamson County due to influenza and pneumonia. In 2009, influenza and pneumonia ranked third as the leading cause of hospitalization in the two-county area. However, only 46.6% of Franklin and Williamson County residents reported to the BRFS survey that they received a flu shot and 33.7% of those residents reported ever receiving a pneumonia shot.
9. Franklin and Williamson County far surpass the state and U.S incidence rate for all cancers.
10. Breast cancer incidence appears higher in Williamson County than Franklin County, Illinois or the US. Fewer cases are diagnosed at a local stage in Franklin and Williamson County, than in Illinois or the US. BRFS 2010 data, indicates a high percentage of women 40 and over who were surveyed have had a mammogram (88.5%) and lower percentage report getting one in the previous year (59.9%).

11. There is a slightly higher age-adjusted incidence rate for prostate cancer in Williamson County than Franklin County; however the incidence rate for both counties is lower than the state of Illinois and the US. There is also a higher percentage of those being diagnosed with prostate cancer at a local stage in Williamson County than in Franklin County or Illinois. The BRFs indicates that more than half (63.7%) of men surveyed had undergone a PSA test.
12. Compared to previous years, the age-adjusted incidence rate average of lung cancer and the lung/bronchus cancer incidence rate are both higher in Franklin County than those for Williamson County, Illinois or the US.
13. Williamson County has a higher percentage of colorectal cancer diagnosed at the local stage than Franklin County, Illinois or the US. However, the average colorectal cancer incidence rate from 2004-2008 is greater in Franklin County than Williamson County. Both are higher than Illinois and the U.S. and much higher than the Healthy People 2020 goal.
14. Many of the leading causes of hospitalization affecting Franklin and Williamson county residents can be prevented or delayed with lifestyle modifications (active living, healthy eating, stress reduction, safety awareness, alcohol, tobacco, and other substance use prevention).
15. As in the past, mental disorders remain a leading cause of hospitalization and are a concern for the two-county area and most importantly there is a shortage of mental health professionals.
16. The County Health Rankings report indicates the health of Franklin and Williamson County residents is poor compared to residents of all other counties in Illinois.

MATERNAL AND CHILD HEALTH

Live Births

The number of live births for Franklin County from 2002-2006 was 2,388 and the number for Williamson County was 3,777(IPLAN Data, 2002-2006). These figures have slightly increased from the previous 5-year data figures. The number of live births from 1997-2001 in Franklin County was 2,309 and Williamson County was 3,529.

Prenatal Care

The percentage of pregnant women who begin prenatal care in the first trimester is higher in both counties than the state and passes the HP 2020 goal. See Figure 33. Adequate prenatal care in both counties surpasses the state percentage level and inadequate care is lower than the state for the two- county population seeking care during their first trimester of pregnancy. See Figure 34.

Figure 33

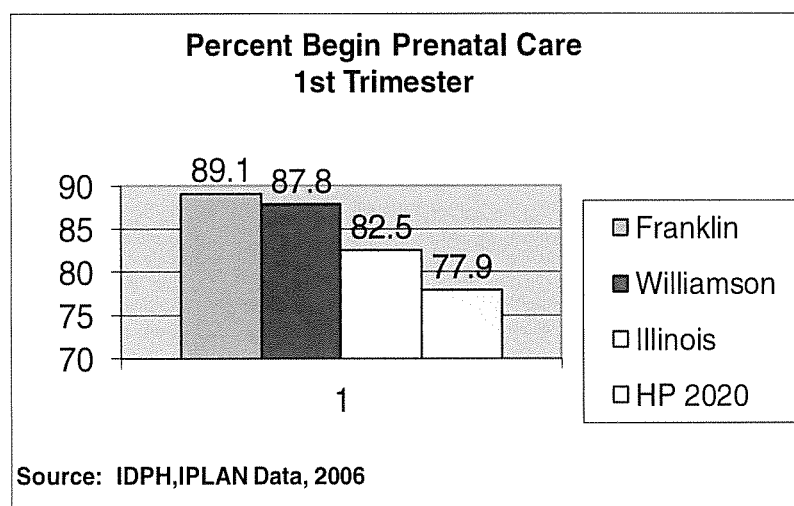
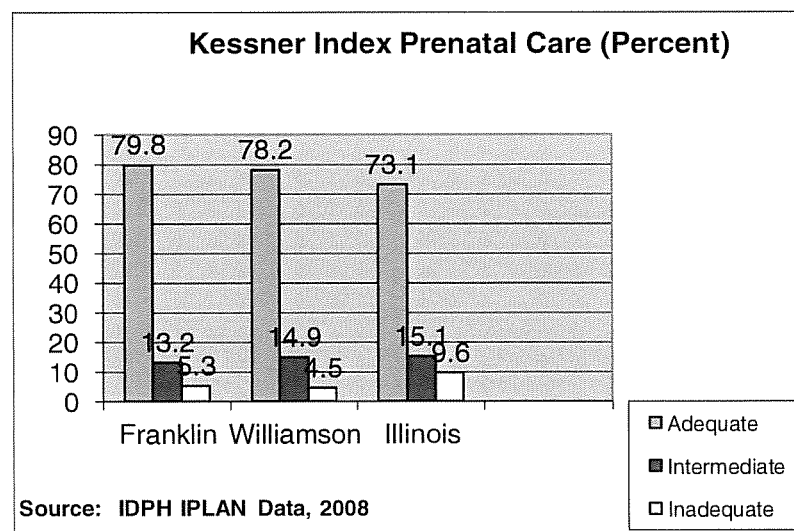


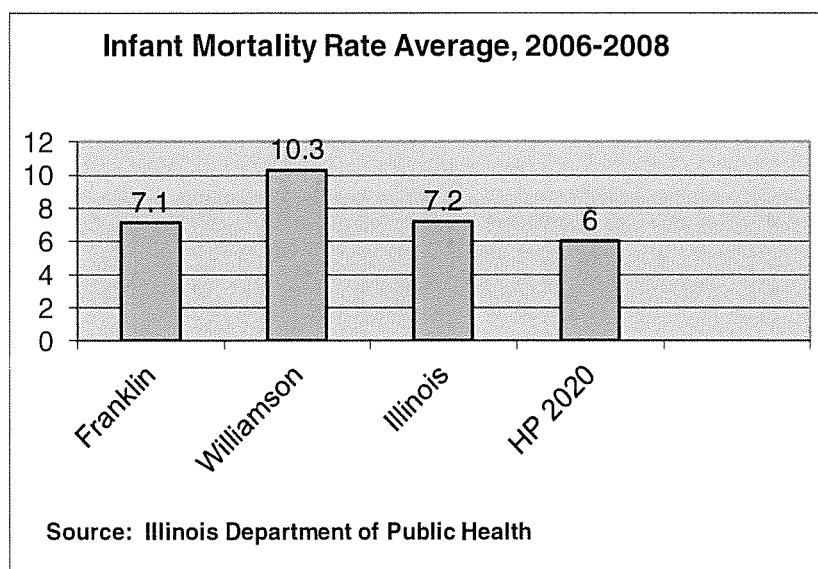
Figure 34



Infant Mortality and Low Birth Weight

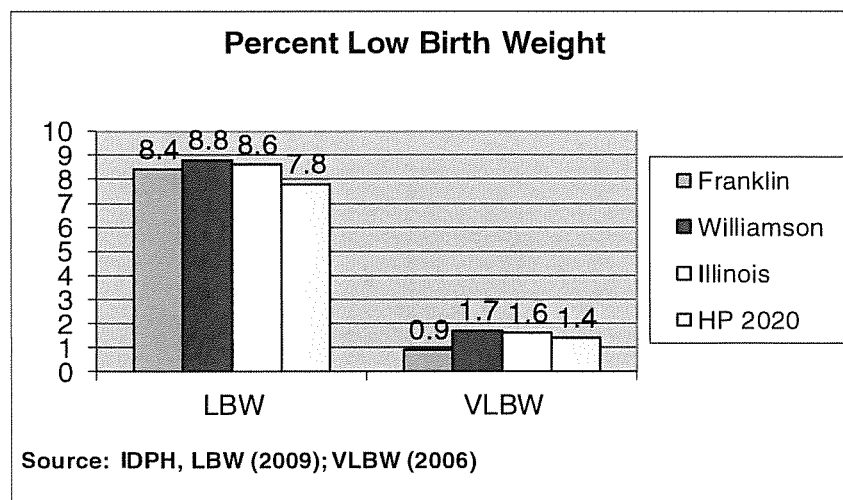
Infant mortality and morbidity are key indicators of a nation's health. While overall infant mortality rates have improved in the last two decades, the Williamson County rate is higher than Franklin County's rate which is comparable to the state of Illinois. However, both counties and the state are higher than the HP 2020 goal.

Figure 35



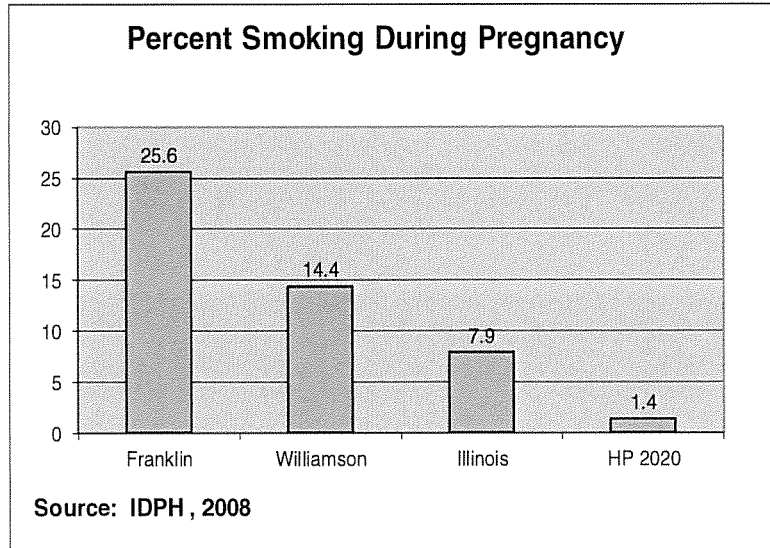
The percentage of low birth weight babies born in Franklin County is comparable to Williamson County and the state. All are higher than the Healthy People 2020 goal. The percentage of very low birth weight babies born in Franklin County is lower than Williamson County, the state, and the Healthy People 2020 goal.

Figure 36



Franklin and Williamson Counties have a higher percentage of reported prenatal smoking than Illinois. Both are extremely higher than the state and the HP 2020 goal. Franklin County's percentage is alarmingly high.

Figure 37



Percent of Births to Teens/Teen Birth Rate

Four percent of all 2009 births in Franklin County were to teens aged 18 years and younger. This is slightly higher than the percent of birth to teens in Williamson County and less than half that of the state's (Figure 38). The average teen birth rate for Williamson County is lower than the state and Franklin County (Figure 39).

Figure 38

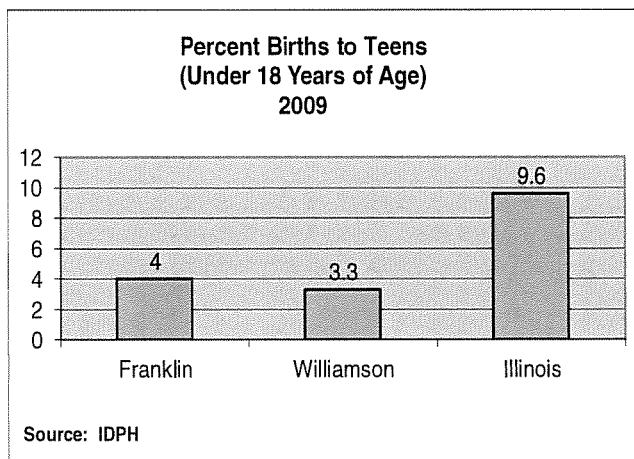
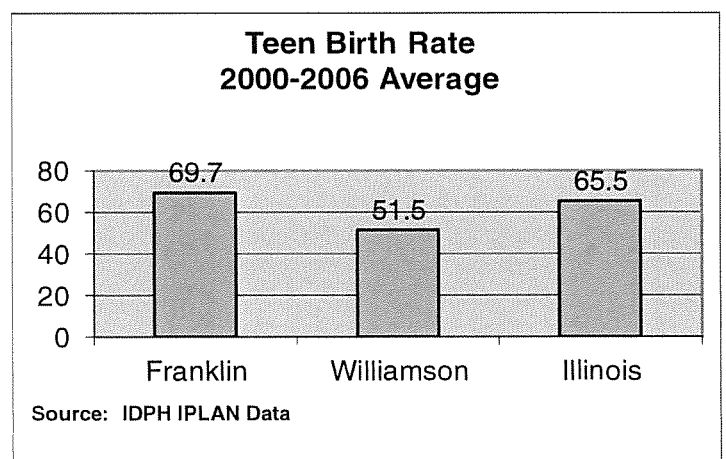


Figure 39

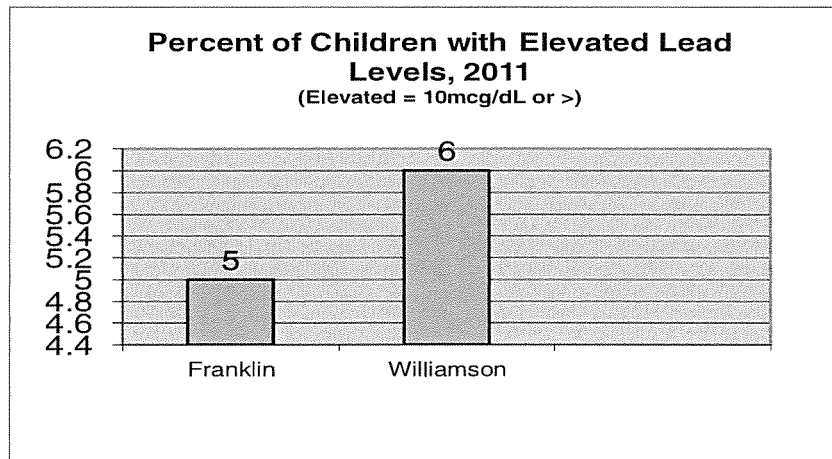


Children's Health

Lead

The amount of lead in a person's blood is the primary determinant of whether a person will experience lead's adverse health effects. Very young children (ages 1 and 2 years) are especially vulnerable to the effects of lead. A blood lead level greater or equal to 10 ug/dl is considered to be an elevated blood lead level by the federal government. Williamson County leads Franklin County with 6% of children with elevated lead levels.

Figure 40



Child Abuse

The table in Figure 41 below contains how many children were abused and neglected in 2010 for Franklin and Williamson Counties and for Illinois.

Figure 41 **Child Abuse & Neglect Numbers**

Source: Voices for Children
(Illinois Kids Count, 2010 Data Book)

	2010
Franklin	167
Williamson	202
Illinois	27,032

Childhood Obesity

Figure 42 shows the percentage of children enrolled in WIC for Franklin and Williamson Counties and Illinois who are overweight and the percentage of children who are at risk of overweight for years 2003 and 2004.

Figure 42

	% All WIC Children Overweight, 2003	% 2 yrs & Older Overweight, 2003	% 2 yrs & Older At Risk of Overweight, 2003	% All WIC Children Overweight, 2004	% 2 yrs & Older Overweight, 2004	% 2 yrs & Older At Risk of Overweight, 2004
Franklin	13.0	14.1	16.9	15.1	16.5	17.5
Williamson	13.1	14.6	17.6	12.5	12.3	16.3
Illinois	13.1	14.0	15.3	13.4	14.3	15.8

Source: Centers for Disease Control and Prevention (CDC), Pediatric Nutrition Surveillance System, 2003-2004 (Illinois Kids Count, 2007 Data Book)

Summary

1. The percentage of pregnant women who begin prenatal care in the first trimester is higher in both counties than the state and exceeds the HP 2020 goal. Adequate prenatal care in both counties surpasses the state percentage level and inadequate care is lower than the state for the two- county population seeking care during their first trimester of pregnancy.
2. Infant mortality and morbidity is a key indicator of a nation's health. Overall rates have improved in the last two decades. Williamson County rates exceed those of Franklin County and the state of Illinois. All are higher than the HP 2020 goal.
3. Low Birth Weight and Very Low Birth Weight have continued to be contributors to infant mortality with little improvement in birth weight. Franklin and Williamson County are comparable to Illinois and more than the HP 2020 goal for Low Birth Weight babies, while Franklin County is lower in the number of Very Low Birth Weight babies compared to Williamson County, Illinois, and the HP 2020 goal.
4. The percentage of pregnant women who smoke in the two counties is high. The Franklin county percentage is alarming.
5. Four percent of all 2009 births in Franklin County were to teens aged 18 years and younger. This is higher than the birth to teenagers in Williamson County for the same time period. The average rate for both counties is less than half of those for Illinois. The teen birth rate is lower in Williamson County than Franklin County or Illinois.
6. The number of children being abused and neglected in Franklin and Williamson County is unacceptable.
7. County WIC data for children 2 and older who are either overweight or at risk for being overweight are equal to or slightly higher than the state.

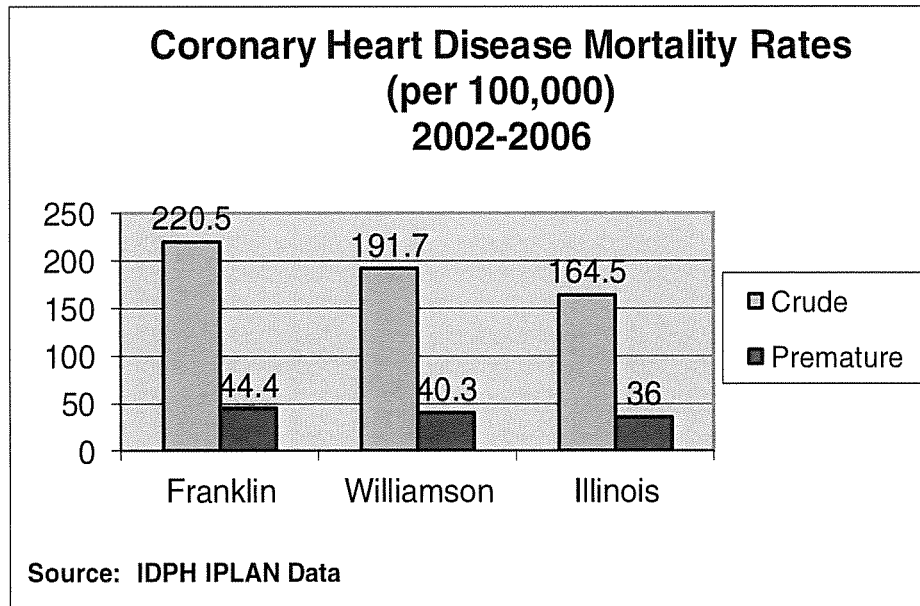
CHRONIC DISEASE

Over one hundred and thirty million Americans live with one or more chronic diseases, and seventy-five percent of the nation's total medical costs go to treating people with those conditions. These diseases affect the quality of life of 90 million Americans. Although chronic diseases are among the most common and costly health problems, they are also among the most preventable, such as poor diet and physical inactivity. Adopting healthy behaviors (e.g., eating nutritious foods, being physically active, and avoiding tobacco use) can prevent or control the effects of these diseases. In addition, quality of life is enhanced when chronic diseases are detected and treated early.

Mortality and Morbidity

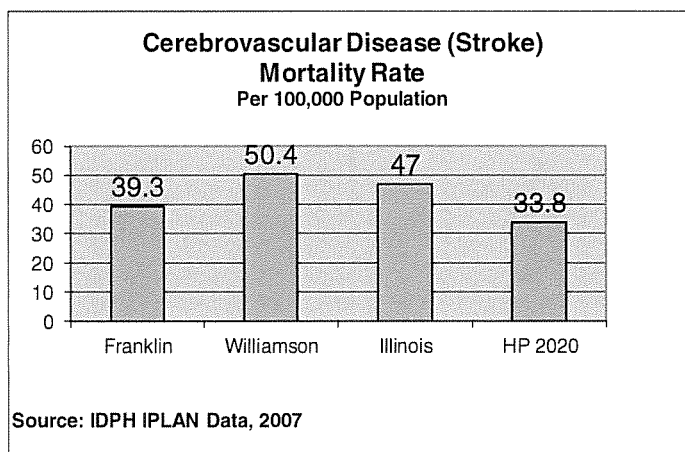
The five-year average crude coronary heart disease mortality rate for both Franklin and Williamson Counties is higher than the state rate. Franklin County's rate is much higher than that of Williamson County or Illinois. A considerable percentage of deaths are to people under age 65 and both counties premature rates are higher than the Illinois rate.

Figure 43



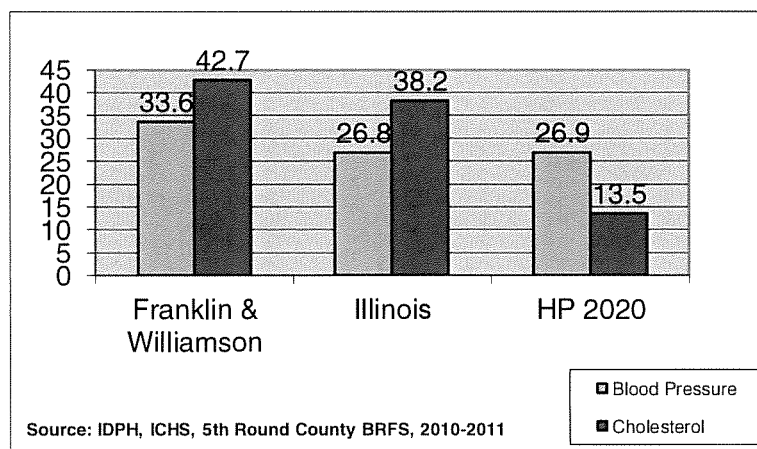
Cerebrovascular disease ranks third among the leading causes of death in the U.S. Each year, approximately 795,000 people in the U.S. will suffer a new or recurrent stroke. Although people of all ages may have strokes, the risk doubles with each decade of life after 55. The most important modifiable risk factors for stroke are high blood pressure, high cholesterol, and diabetes mellitus. Figure 44 illustrates that Williamson County has a higher death rate due to stroke/cerebrovascular disease than Franklin County, Illinois, and the U.S. The majority of these deaths are also attributed to those over age 65.

Figure 44



Percent Told High Blood Pressure/ Cholesterol

Figure 45



Of those county residents responding to the Behavioral Risk Factor Survey (BRFS), Franklin and Williamson County combined, 33.6% report having high blood pressure and 42.7% report having high cholesterol.

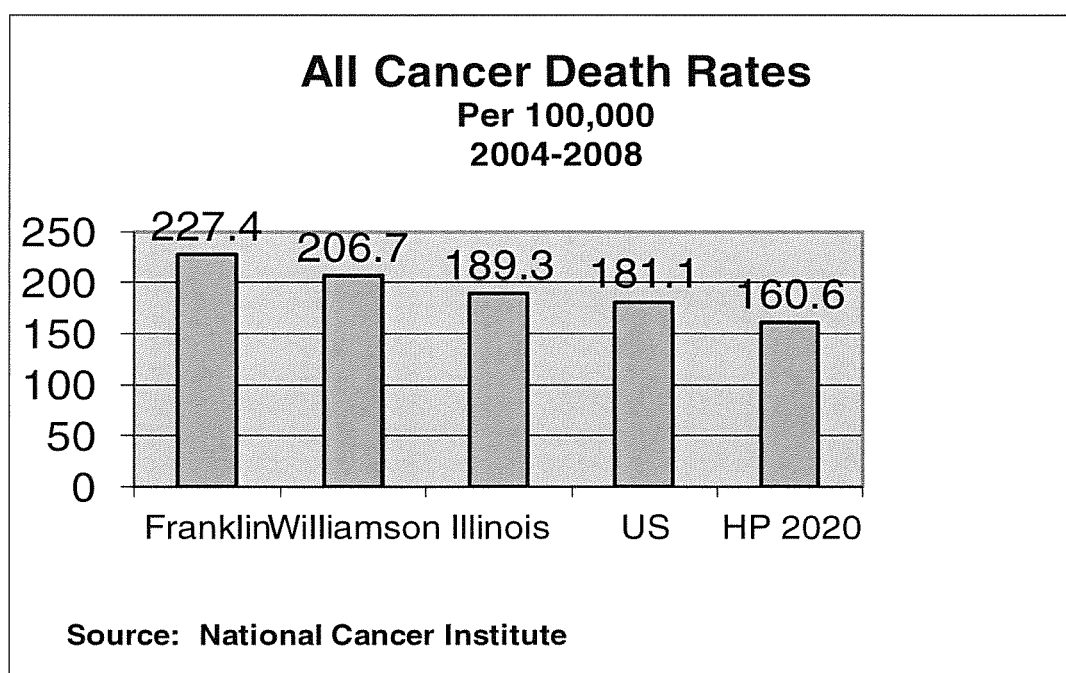
Diabetes

The percentage of county residents responding to the BRFSS, Round 5 data, who report ever being told they have diabetes, is 12.5% for Franklin and Williamson Counties combined, compared to 8.4% of Illinois residents who responded to the survey. Diabetes is in the leading causes of death for Franklin County for four consecutive years and in two of four years in Williamson County. It has also been a leading cause of hospitalization for Franklin County.

Cancer

Cancer is the second leading cause of death in the United States. The National Cancer Institute defines cancer as a term used to describe diseases in which abnormal cells divide without control and are able to invade other tissues. There are over 100 types of cancer. Figure 46 illustrates that Franklin and Williamson County have higher death rates due to cancer than Illinois, the U.S. and far surpasses the Health People 2020 goal.

Figure 46



Smoking

There were 27.5% of Franklin and Williamson County residents, combined, who responded to the BRFS, 2010, who reported being a current smoker and 25.6% who reported being a former smoker. 16.9% of Illinois adults reported smoking. These rates are all higher than the HP 2020 goal of 12%. Those who start smoking young are more likely to have long-term addiction to nicotine than people who start smoking later in life, putting them at greater risk for smoking-related illness and death. 27% of teens reported in Franklin County and 23% reported in Williamson County smoked cigarettes on at least 1 day during 30 days preceding a survey from the Illinois Youth Survey.

Lung Cancer Mortality/Death Rates

The greatest risk for lung cancer is duration and quantity of smoking. While crude mortality rate due to lung cancer for Williamson County has risen well above Franklin County and Illinois, the lung and bronchus cancer death rate due to lung cancer for Franklin County has exceeded Williamson County, Illinois and the U.S.

Figure 47

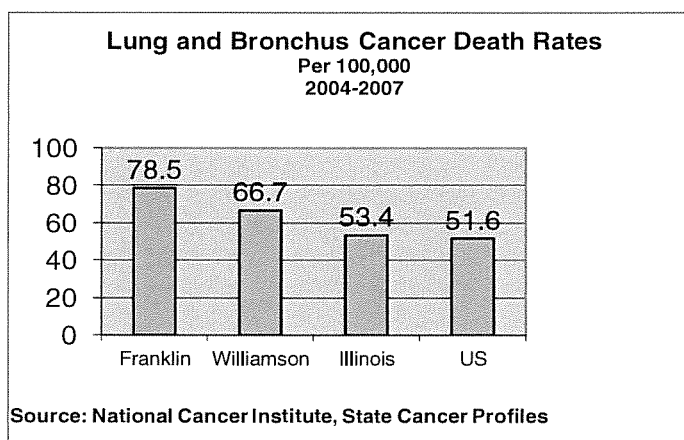
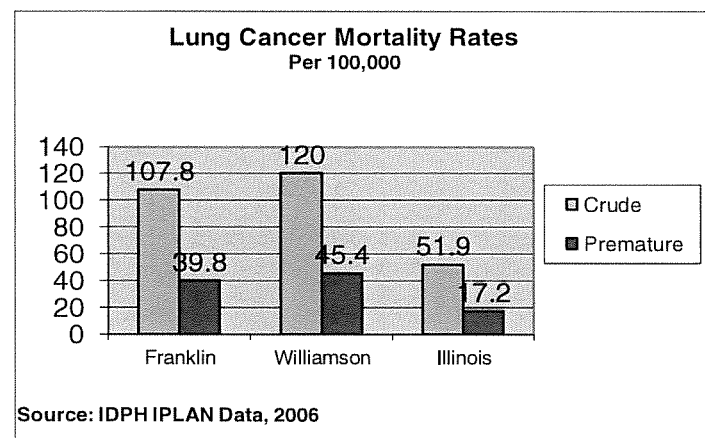


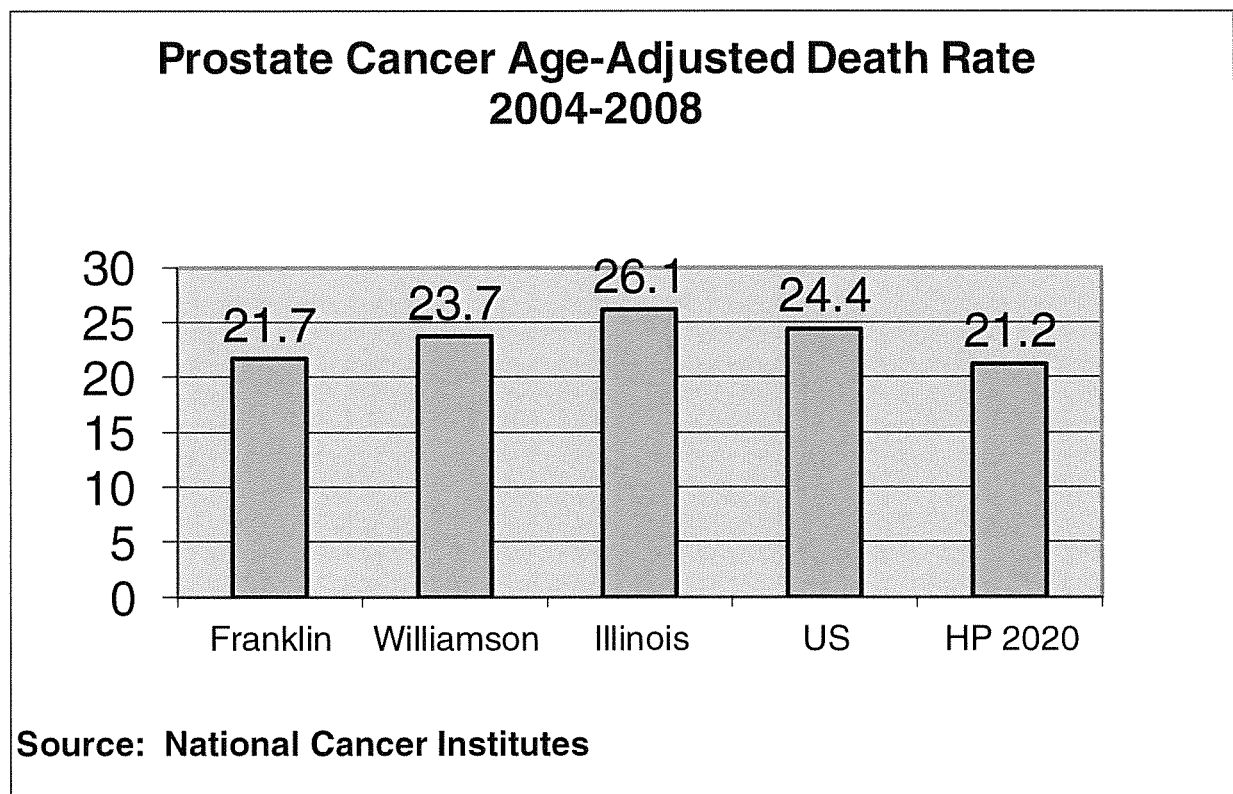
Figure 48



Prostate Cancer Mortality Rates

Prostate cancer is the most commonly diagnosed form of cancer among men in the U.S., according to the American Cancer Society. The chart below (Figure 49) shows that both Franklin and Williamson County have lower death rates due to prostate cancer when compared to the state of Illinois and the U.S. Franklin County's death rate is comparable to the Healthy People 2020 goal.

Figure 49

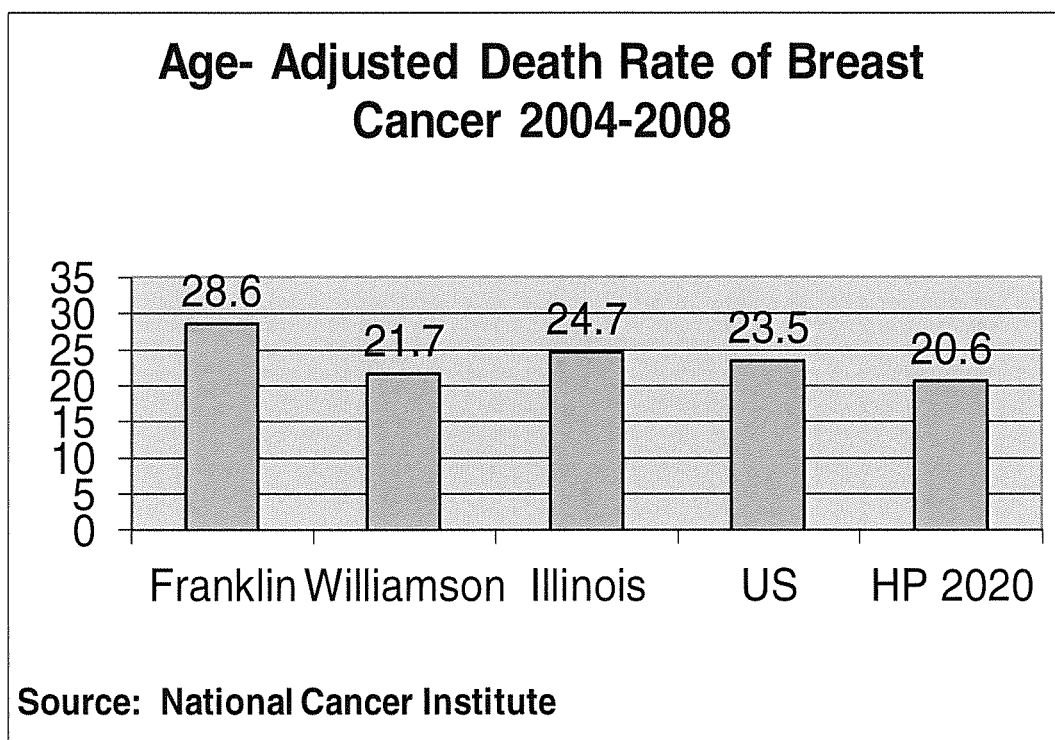


As indicated in the 2010 BRFSS, 63.7% of men ages 40 and over who responded to the survey said that they had ever had a PSA test. This data is from Franklin and Williamson County combined.

Breast Cancer Mortality Rates

With breast cancer being the second leading cause of death and the second most common type of cancer among women in the U.S., the greatest risk factor in developing breast cancer is age. Since 1990, breast cancer death rates have declined progressively due to advancements in treatment and detection. However, the chart below (Figure 50) shows that Franklin County has a death rate of 28.6% which is higher than Williamson County, Illinois, the U.S. and the Healthy People 2020 goal.

Figure 50

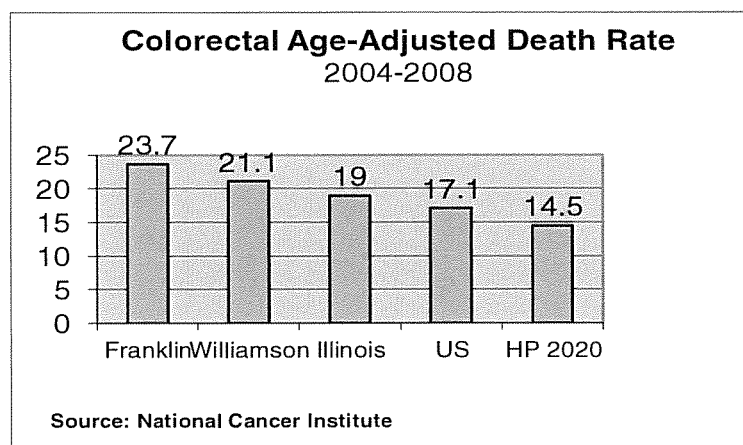


The percentage of women age 40 and over who responded to the 2010-2011 BRFSS as ever having a mammogram was 88.5% from Franklin and Williamson County combined. The percentage who reported having had a mammogram within the past year for Franklin and Williamson County combined is 68.4%.

Colo-rectal Cancer Death Rate

With colorectal cancer being the second leading cause of cancer-related deaths in the United States, the Centers for Disease Control and Prevention (CDC) estimates that if all adults aged 50 or older had regular screening tests for colon cancer, as many as 60% of the deaths from colorectal cancer could be prevented. While 90% of colorectal cancer cases occur in adults aged 50 or older, it is essential for individuals with risk factors to seek regular screening earlier. The death rates for Franklin and Williamson Counties are much higher than Illinois, the U.S. and the Healthy People 2020 goal. See Figure 51.

Figure 51



2010 BRFS data indicates that among people 50 and over who were surveyed from Franklin and Williamson County combined, 57.3% reported having ever had a colon/sigmoidoscopy. Concerning whether or not they had ever had a home blood stool test, 44.5% of the residents from Franklin and Williamson County combined, said yes.

Additional Health Data

The following information was collected through the 4th (2007-2009) and 5th (2010-2011) rounds of the Behavioral Risk Factor Survey.

This data indicates that a considerable percentage of residents of the two counties reported that their physical and mental health were not good during designated periods of time, either 1-7 days or 8-30 days, during the previous month in which they were questioned.

Although more than half in Franklin County and less than half in Williamson County questioned reported having consumed 0-2 servings of fruits and vegetables per day, it is not known how many of those actually reported consuming no fruits and vegetables. Fruit and vegetable consumption continues to decrease in the two counties as less report having eating more fruits and vegetables.

Figure 54 clearly shows that more than half of the residents of the two counties have gotten exercise in the last 30 days. However, Figure 56 illustrates that residents in both counties are overweight and/or obese, which is of concern.

Figure 52

HEALTH STATUS

	FRANKLIN & WILLIAMSON	Illinois
DAYS PHYSICAL HEALTH NOT GOOD	1-7: 19.4% 8-30: 24.5%	1-7: 25.1% 8-30: 12.4%
TOTAL	35,455	3,633,148
DAYS MENTAL HEALTH NOT GOOD	1-7: 20.8% 8-30: 22.0%	1-7: 25% 8- 30: 14.1%
TOTAL	34,577	3,793,191

Figure 53

NUTRITION

TOTAL FRUITS & VEGS PER DAY	FRANKLIN	WILLIAMSON
0-2 servings/day	55.7%	45.6%
3-4 servings/day	36.2%	38.2%
5 or more servings/day	8.1%	16.2%

Figure 54

EXERCISE

	FRANKLIN & WILLIAMSON	ILLINOIS
ANY EXERCISE PAST 30 DAYS	73.1%	74.6%

OBESITY

Being Obese (or even just overweight) is the second leading cause of preventable death in the U.S. and is measured by body mass index (BMI), your weight to height ratio. Overweight is defined as having a BMI over 25 and obese is defined as having a BMI above 30. About 30% or more of the residents in Franklin and Williamson County are obese, which is more than the state percentage rate. For overweight percentages, Williamson County is higher than Franklin County or the state.

Figure 55

	FRANKLIN	WILLIAMSON	ILLINOIS
Overweight	33.0%	39.3%	37.2%
Obese	32.3%	29.6%	26.8%
Total	29,357	48,606	9,466,079

Summary

1. Both Franklin and Williamson Counties' crude coronary heart disease mortality rates are higher than the Illinois rate. The Franklin County rate is higher than Williamson County.
2. Williamson County has a higher death rate due to stroke/cerebrovascular disease than Franklin County, Illinois and the U.S. The majority of deaths are attributed to those over age 65. BRFS indicates that, of the residents surveyed, Franklin and Williamson County leads the percentages of high blood pressure and high cholesterol when compared to Illinois and the Healthy People 2020 goal. Stroke is a leading cause of hospitalization in the two counties.
3. There is a greater percentage of Franklin and Williamson County residents responding to the BRFS who report being a diabetic compared to the state. Diabetes is a leading cause of death and hospitalizations.
4. Franklin and Williamson Counties have higher death rates due to all cancers than Illinois.
5. With the high number of residents who smoke in the counties, both adults and teens, the greatest risk for lung cancer is duration and quantity of smoking. While the crude mortality rate due to lung cancer for Williamson County has risen well above Franklin County and Illinois, the lung and bronchus cancer death rate for Franklin County has exceeded Williamson County, Illinois and the U.S.
6. Franklin and Williamson Counties have lower death rates due to prostate cancer when compared to Illinois and the U.S. Sixty-three percent of men over 40 who responded to the BRFS reported having had a past PSA screening.
7. Franklin County has a higher death due to breast cancer than Williamson County, Illinois, the US and the Healthy People 2020 goal.
8. More deaths are attributed to colo-rectal cancer in Franklin and Williamson Counties than the state and the US. All are higher than the HP 2020 goal. The BRFS indicates that 57.3% of those surveyed age 50 and over reported having had a colon/sigmoidoscopy, and just under a half reported having a home blood stool test.
9. BRFS data also indicates that in the two counties:
 - there are a considerable percentage of people who report recently experiencing poor physical and mental health.
 - people are not consuming enough of the recommended servings of fruits and vegetables.
 - there is room for improvement when it comes to exercise and weight loss.

INFECTIOUS DISEASES

In the United States an estimated 19 million new cases of sexually transmitted infections (STI's) are reported each year. STI's and their complications can cause chronic pain and infertility among women, contribute to adverse pregnancy outcomes, and increase susceptibility to HIV two to five times. According to new evidence, identifying and treating STI's, can reduce the transmission of HIV.

The Illinois Control of Sexually Transmitted Disease Code [77 Illinois Administrative Code 693] requires physicians, laboratories, and blood banks to report within seven days to the local health authority (i.e., county /city health department or IDPH for jurisdictions where there is no health department) all diagnosed cases and positive laboratory findings of reportable STI's.

Sexually Transmitted Infections (STIs)

The five-year average incidence rates for chlamydia and gonorrhea are much lower than state rates. During this time period Franklin-Williamson Bi-County Health Department was not providing screening for these STIs. However, the health department began screening for chlamydia and gonorrhea in August of 2012. The increase in screening may impact these rates for the future.

Figure 56

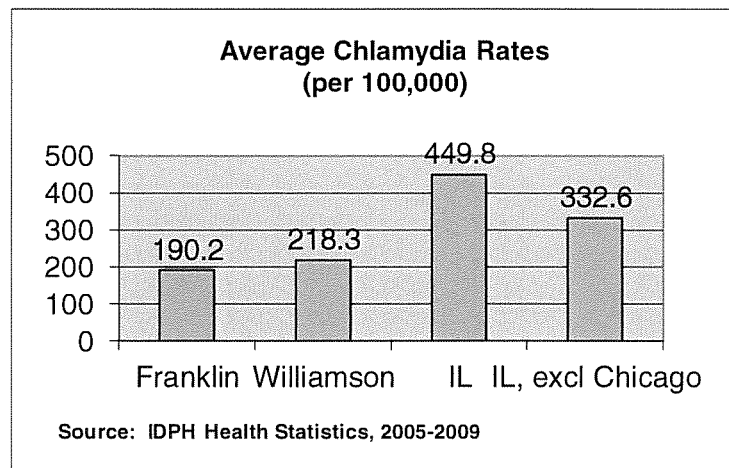
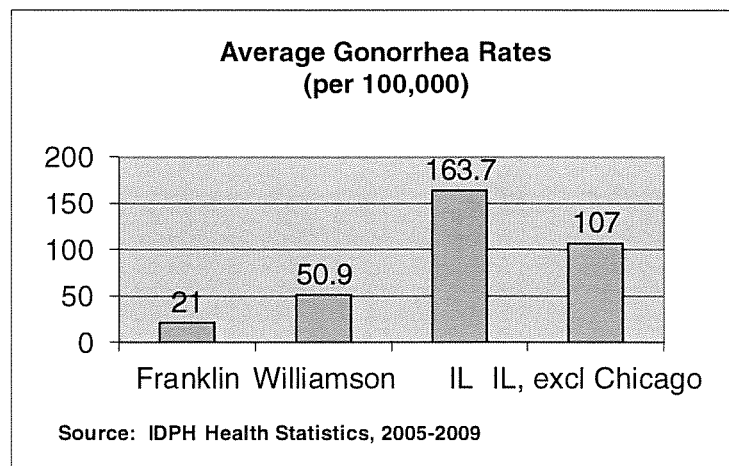


Figure 57



HIV/AIDS

The number of cumulative cases of HIV reported since 2005 for Franklin County is 8, with 9 living. The number for Williamson County is 19, with 23 living with HIV. For Illinois, the total is 15,515. The number of cumulative cases of AIDS reported since 2005 for Franklin County is 6, with 16 living, and for Williamson County the total is 14, with 26 living. The total number for Illinois is 18,341. ** The Illinois totals for both HIV and AIDS excludes the Collar counties and Downstate counties of Illinois.

Tuberculosis (TB)

The total numbers of diagnosed TB cases for the years 2000-2008 are 5 for Franklin County and 10 for Williamson County.

Influenza and Pneumonia

Influenza and pneumonia appears as leading causes of hospitalizations and deaths for both counties. Respondents to the BRFS who report receiving a flu shot/spray is 46.6%.

Summary

5. Rates for chlamydia and gonorrhea in Franklin and Williamson Counties are lower than the state, but future rates may change as a result of increased screening services.
6. Although cases appear low, continued surveillance of TB infection is a necessity.
7. HIV/AIDS cases will continue to be monitored.
8. There is a need for an increase in the number residents who receive flu and pneumonia vaccines.

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APPENDICES

- A – Nominal Group Process for Selecting Priority Health Problems
- B – Health Problem Analysis Worksheets
- C – Leading Health Problems Community Survey
- D – Terminology

APPENDIX A

NOMINAL GROUP PROCESS FOR SELECTING PRIORITY HEALTH PROBLEMS

FOUR STAGES OF NOMINAL GROUP PROCESS

There are four stages of nominal group process: listing, recording, collating, and prioritizing.

- A. **Listing** is the generation of items in writing by the group members. There is no discussion at this stage. Usually, the group leader asks a question of interest. If requested, the question may be briefly explained by the group leader. Group members are asked to work alone for a few minutes writing down their ideas or recommendations. This stage should take approximately four to eight minutes.
- B. **Recording** is the listing of items from each group member in a round-robin fashion. Each member is asked to briefly state one item on his or her own list until all ideas have been presented. The group leader records and numbers these items, using the members' own words, on a flip chart in full view of the group. Members should state their items in a phrase or brief sentence. This stage may be lengthy, especially in large groups, but may be shortened by allowing each member to contribute a limited number of items.
- C. **Collating** is the process of organizing, clarifying, and simplifying the material. Some items may be combined or grouped logically. Each item is read aloud in sequence. No discussion, except for clarification, is allowed at this point. Any member may clarify any item at this point. This stage generally should take approximately two minutes per item, but may be shortened by allotting less than two minutes for each item.
- D. **Prioritizing** involves voting on the priority of the items. Group members are asked to select five areas they perceive to be the most important. The priorities are derived through ordering or rating by each individual member. Members' scores for a given item are summed to arrive at a total score for that item, and a final list of items with the highest number of votes is compiled. The rest of the items are also listed in descending order. Group discussion of the ballot results would round out the process.

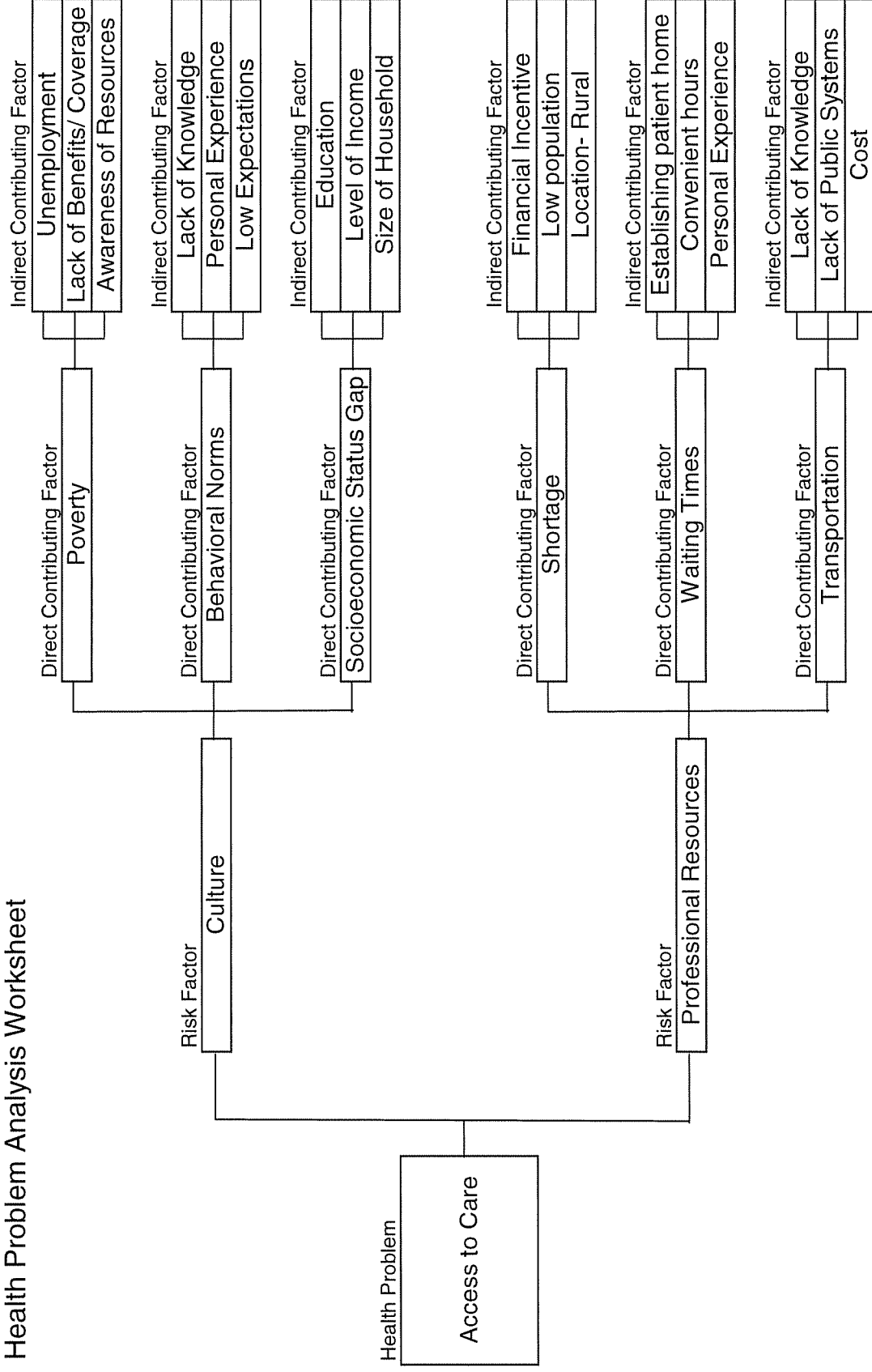
FYI: Supplies needed to complete the Nominal Group Process include water-based, felt-tip pens, a flip-chart, and masking tape. An appropriate table arrangement would be an open "U" with the flip-chart located at the open end.

Some of this material was derived from: Moore, Carl M. (1987). *Group Technologies for Idea Building*. Applied Social Research Methods Series, Volume 9. SAGE Publications, Inc: Beverly Hills, California.

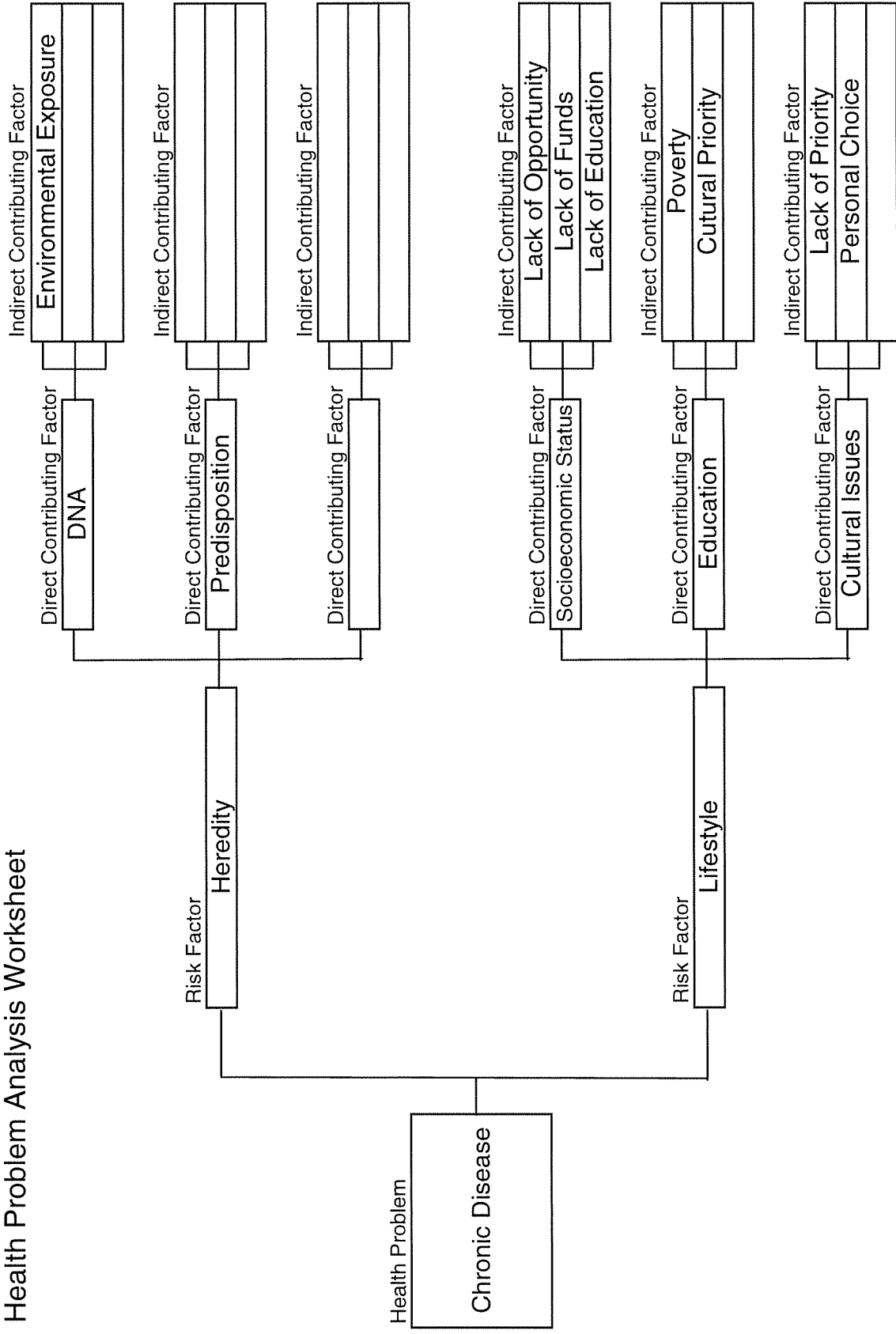
APPENDIX B

HEALTH PROBLEM ANALYSIS WORKSHEETS

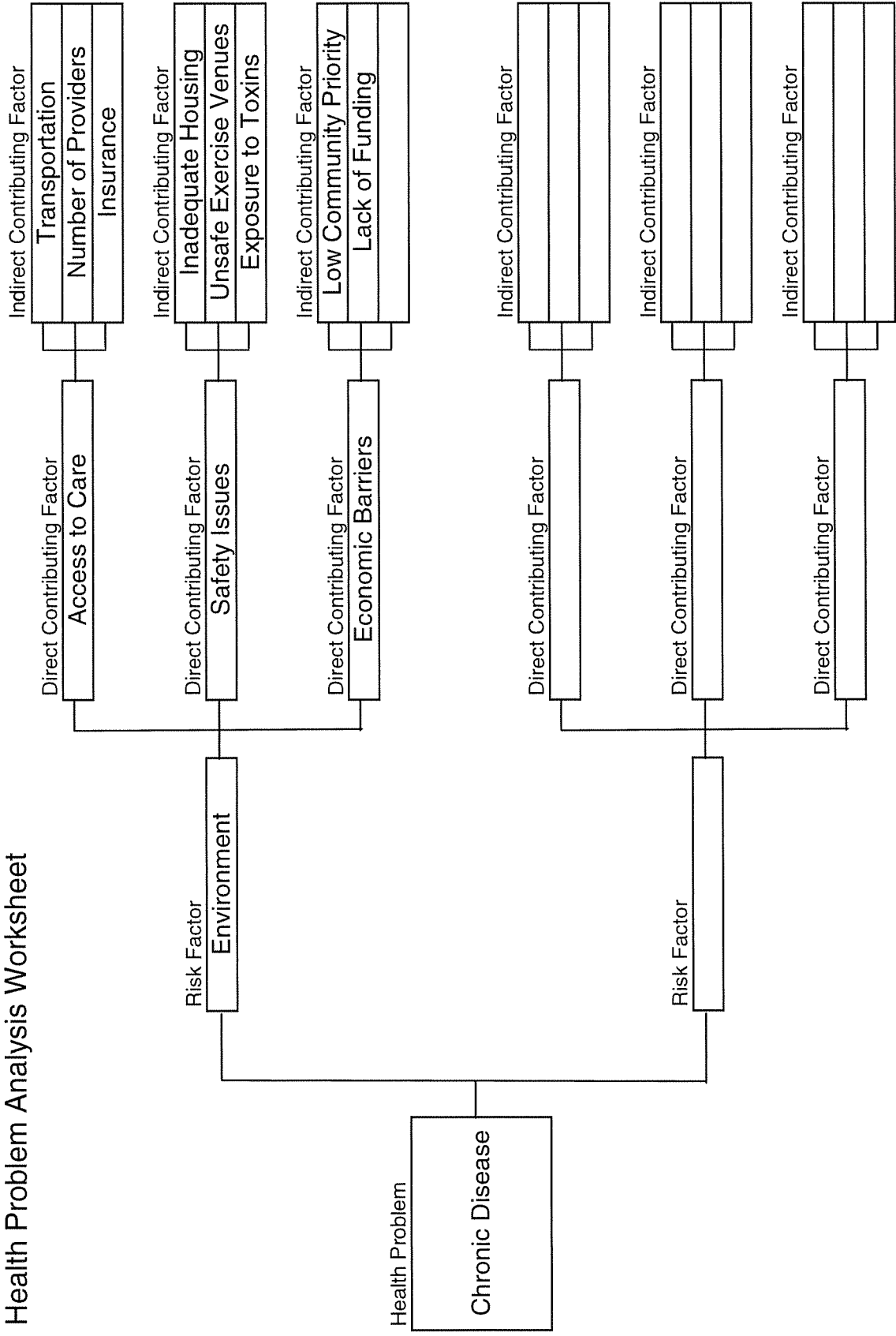
Health Problem Analysis Worksheet



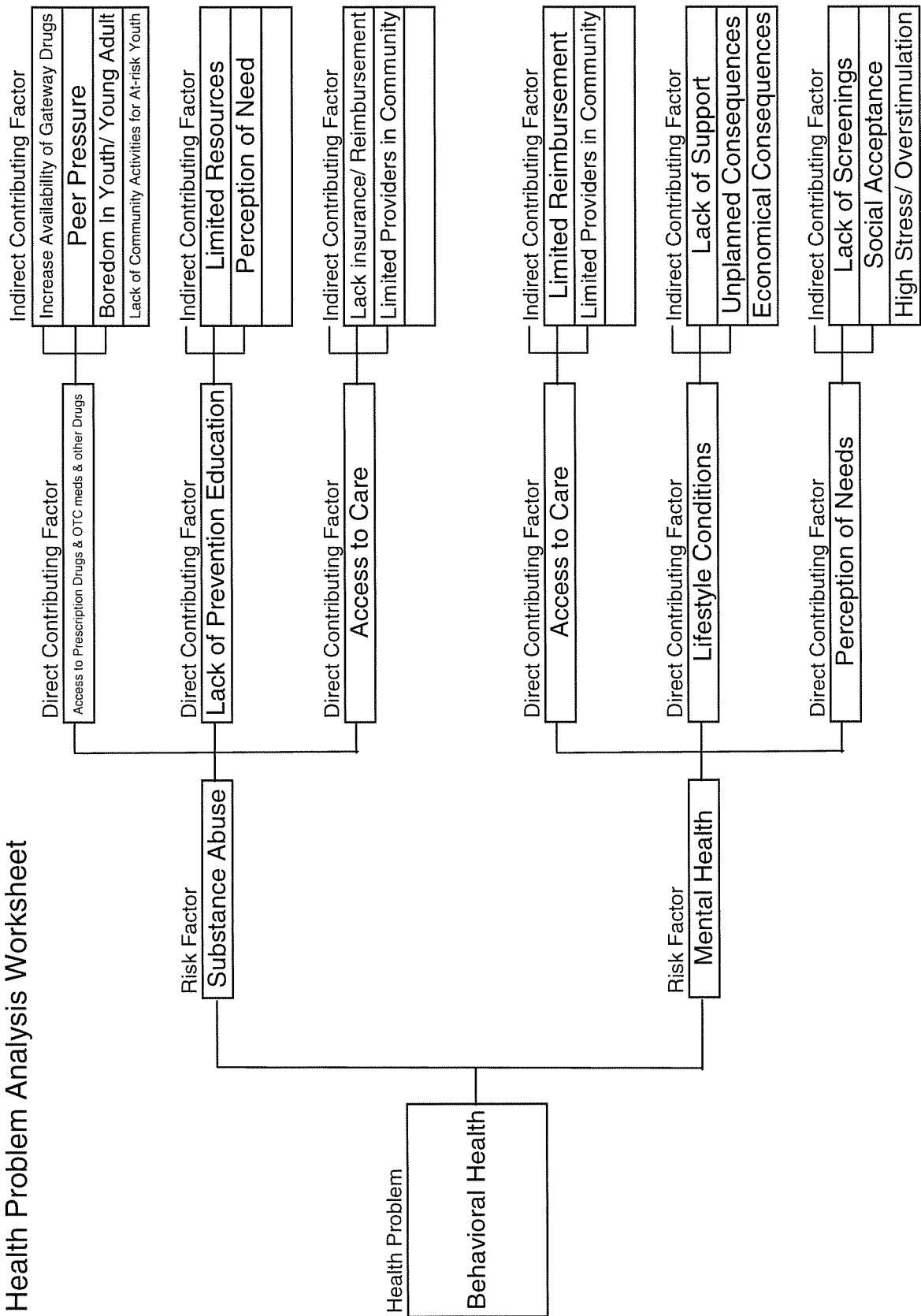
Health Problem Analysis Worksheet



Health Problem Analysis Worksheet



Health Problem Analysis Worksheet



APPENDIX C

LEADING HEALTH PROBLEMS COMMUNITY SURVEY

PLEASE TAKE 2 MINUTES TO COMPLETE OUR SURVEY!

Franklin-Williamson Bi-County Health Department and community partners are conducting a survey to find out what Franklin and Williamson County residents think are the three leading health problems in the two-county area. We would appreciate it if you would take a few minutes to provide your opinion on what you think the top three leading health problems are. Your decision should be based on the following **definition of a health problem:**

A situation or condition of people which is:

- **considered undesirable**
- **likely to exist in the future**
- **measured as death, disease, or disability**

Based on the above definition, what do you think are the **3 leading health problems** for Franklin and Williamson Counties?

1. _____
2. _____
3. _____

Please tell us about yourself:

(Check all that apply.)

- ☐ I live in Franklin or Williamson County.
- ☐ I work in Franklin or Williamson County or work with residents in Franklin or Williamson County.
- If you do, what is your profession/trade? _____

(Check only one item for each category.)

Gender

- ☐ Male
- ☐ Female

Age Category

- ☐ 21 and under ☐ 22-34
- ☐ 35-44 ☐ 45-54
- ☐ 55-64 ☐ 65 and over

Highest Level of Education

- ☐ 12th Grade or Less (No Diploma)
- ☐ High School Diploma
- ☐ Some College, No Degree
- ☐ Associate or Technical Degree
- ☐ Bachelor's Degree
- ☐ Graduate or Professional Degree

Race

- ☐ Black/African-American
- ☐ White
- ☐ Alaskan Native
- ☐ Asian
- ☐ Native American
- ☐ Native Hawaiian
- ☐ Pacific Islander
- ☐ Other _____

Ethnicity

- ☐ Hispanic or Latino
- ☐ Non-Hispanic or Latino

Home Zip Code: _____

Thank you for your time in completing this survey! Your response is very important. Please place this survey in the box at the front desk.

APPENDIX D

TERMINOLOGY

Terminology

1. **APEX-PH-** Assessment Protocol for Excellence in Public Health.
2. **Adjusted Rates-** Statistical process applied to rates to remove the effect of differences in composition of various populations. (e.g. age-adjusting-summarizing data specific to a certain age category)
3. **Board of Health-** The governing authority of a local health department, usually comprised of a president or chair and board members. The chair and board members can be either be appointed or elected, and may or may not serve at the discretion of another elected official; for example, the mayor, or the voters in a particular jurisdiction.
4. **BRFS-** Behavioral Risk Factor Survey. Survey conducted periodically by the Illinois Center for Health Statistics via telephone interviews with county residents 18 and over.
5. **CATCH-** Coordinated Approach To Child Health. An evidence-based, coordinated School health program designed to promote physical activity, healthy food choices and the Prevention of tobacco use in children Pre-K through grade 8.
6. **CDC-** Centers for Disease Control and Prevention. Based in Atlanta, Georgia.
7. **Cardiovascular Disease-** Disease affecting the heart or blood vessels.
8. **Cerebrovascular Disease-** Any disease affecting an artery within the brain, or supplying blood within the brain. The most common is atherosclerosis (build up of plaque-fat)
9. **Community Health Committee-** A committee created to work with a health department for community health assessment and the generation of a community health plan.
10. **Coronary Heart Disease-** Diseases of the coronary arteries (those arteries that supply blood to the heart itself).
11. **Crude Death Rate-** Number of deaths during the year divided by the average (midyear) population (deaths per 1,000 population).
12. **Direct Contributing Factors-** Scientifically established factors that directly affect the level of a risk factor. For example, teen pregnancy is one factor that contributes directly to the birth of low-birth weight babies.
13. **Director of Health-** The person responsible for the total management of a local health department. This person may be appointed by the Board of Health or may have assumed the position by some other legal means. The director of health is usually responsible for the day-to-day operations of a local health department and its component institutions, often sets policy or implements policies adopted by the Board of Health, and is responsible for fiscal and programmatic matters.

14. **Diseases of the Heart-** Diseases that affect the heart, excluding coronary heart disease.
15. **Dorsopathies-** Any of the various diseases of the back or spine. Particularly those that cause pain.
16. **Enteritis-** Inflammation of the small intestine caused by a bacterial or viral infection.
17. **Forty Developmental Assets-** Framework developed by the Search Institute and are defined as 40 common sense, positive experiences and qualities that help influence choices young people make and help them become caring, responsible, successful adults.
18. **Health Problem-** A situation or condition of people which is considered undesirable, likely to exist in the future, and is measured as death, disease, or disability.
19. **Healthy People 2020-** U.S. Department of Health and Human Services (HHS), Science-based, 10-year national objectives for improving the health of all Americans.
20. **ICHS-** Illinois Center for Health Statistics, Illinois Department of Public Health.
21. **Incidence Rate-** The number of new cases of a disease in a population during a specified period of time.
22. **Impact Objective-** A goal for the level to which a risk factor should be reduced by some future date- i.e., what measurement of the risk factor at some future date should reveal. An impact objective is intermediate in time (usually 3 to 5 years) and measurable.
23. **Indirect Contributing Factor-** Community-specific factors that directly affect the level of the direct contributing factors. For example, low self esteem may be one indirect contributing factor promoting teen pregnancy, thus generating low birth weight babies, and ultimately elevating infant mortality rates. These factors can vary considerably from community to community.
24. **Infant Mortality Rate-** Number of deaths in a year of children less than 1 year of age divided by the number of live births in the same year. Number of deaths of children less than 1 year of age per 1,000 live births.
25. **In situ-** In position, not extending beyond the focus or level or origin.
26. **IPLAN-** Illinois Project for Local Assessment of Needs.
27. **Local Health Department-** "...an official (governmental) public health agency which is in whole or in part responsible to a sub-state governmental entity or entities. The latter may be a city, county, city-county, federation of counties, borough, township, or any other type of sub-state governmental entity. In addition, a local health department must: have a staff of one or more full-time professional public health employees [public health nurse, sanitarian];

deliver public health services [e.g. immunizations, food inspection]; serve a definable geographical area; and have identifiable expenditures and/or budget in the political subdivision(s) it services.” (ASTHO, 1983)

28. **Local Public Health Authority-** The agency charged with responsibility for meeting the health needs of the community. Usually this is the Board of Health and its administrative arm, the local health department. This authority may rest with the Board of Health, may be a city/county/regional authority, or may consist of a legislative mandate from the state. Some local public health authorities have independence from all other governmental Entities, while others do not.
29. **Malignant Neoplasm-** Cancerous disease.
30. **Median-** The middle value in a group of numbers arranged in order of size, so that there are as many values larger than the median as there are values smaller.
31. **Mortality Rate-** Rate calculated in the same way as an incidence rate, by dividing the number of deaths occurring in the population during the stated period of time, usually a year, by the number of persons at risk of dying during the period.
32. **Nephritis-** Inflammation of the kidney.
33. **Outcome Objective-** A goal for the level to which a health problem should be reduced by some future date- i.e., what measurement of the health problem at some future date should reveal. An outcome objective is long term and measurable.
34. **Premature Death Rate-** Death rate that reflects deaths that occur before age 75.
35. **Process Objective-** A goal for reducing the level of a direct or indirect contributing factor by some future date, or for the level at which a corrective action should occur between that date and the present time. A process objective is short term (usually 1 to 2 years) and measurable.
36. **Public Health-** The science and art of preventing disease, prolonging life, and promoting physical and mental health through organized community efforts.
37. **Risk Factors-** Scientifically established factors (determinants) that relate directly to the level of a health problem. A health problem may have any number of risk factors identified for it. For example, low birth weight is a risk factor for the health problem of infant mortality. It is a scientific fact that a higher percentage of babies that weigh less than 2500 grams at birth die in the first year than babies who weigh 2500 grams or more at birth.
38. **Septicemia-** A systemic disease caused by pathogenic organisms or their toxins in the blood stream.

- 39. **Survey Monkey-** A private American company that enables users to create their own Web-based surveys.
- 40. **YPLL-** Years of potential life loss. The measure of premature mortality (death before age 75). The number of years “lost” by persons who die before age 75.